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ABSTRACT

This comprehensive course from the Practical Nursing series of competency-based curricula is designed to prepare students for employment by systematically guiding the students' learning activities from the simple to the complex. These materials prepare health care practitioners to function effectively in the rapidly changing health care industry. The information helps the instructor ensure student mastery of specific outcomes. This instructor guide contains an introduction and five units: (1) basic principles; (2) crisis intervention; (3) addictive/dependent behaviors; (4) psychosocial disorders; and (5) legal aspects. Each instructional unit includes basic components that form a unit of instruction: (1) performance objectives; (2) suggested activities; (3) pretests; (4) pretest answers; (5) information sheets; (6) assignment sheets and their answers; (7) job sheets and practical tests; and (8) written tests and test answers. Handouts, supplements, transparency masters, and activity sheets may be included in some or all of the units. Materials contain simple graphic symbols keyed to eight basic skills: reading, writing, mathematics, science, oral communication, interpersonal, creative thinking and problem solving, and employability. Sixty-three references are included. (NLA)

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Mental Health

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CIMC

Teacher Edition

Oklahoma Department of
Vocational and Technical Education
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Mental Health

Developed by the
Curriculum and Instructional Materials Center
for the Division of Health Occupations Education
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MENTAL HEALTH

TABLE OF CONTENTS

Unit Name	Number
Utilize Basic Principles of Mental Health	I
Apply Information About Crisis Intervention	II
Apply Information About Addictive/Dependent Behaviors	III
Apply Information About Psychosocial Disorders	IV
Apply Information About Legal Aspects Specific to Mental Health Care	V

FOREWORD

This publication is one of ten comprehensive courses from the Practical Nursing series of competency-based curricula developed by the Curriculum and Instructional Materials Center. It is designed to prepare students for employment by systematically guiding the student's learning activities from the simple to the complex.

A major challenge in the development of these materials has been to identify content and learning activities which will prepare health care practitioners who can function effectively in the rapidly changing health care industry. To meet this challenge, we have relied heavily upon the input and support of health care industry professionals.

The information found in each of the courses in the Practical Nursing series will help the instructor plan and implement a systematic learning process which will ensure student mastery of specific outcomes. Although we believe these publications do provide a systematic, functional curricula, instructors are encouraged to localize, individualize and supplement these materials to meet specific student/client needs.

Roy Peters, Jr.
State Director

Mary Randall
State Supervisor
Health Occupations Education

PREFACE

Technology is responsible for many of the major advances in health care today; however, this same technology is also responsible for the fast-paced, high stress environment in which we all must live and function. As the pressures of a "high-tech" society increase, the need for such skills as therapeutic communication and crisis intervention will increase proportionately.

To effectively care for the total person and promote high-level wellness, the health care professional must have a clear understanding of the basic concepts of mental health, as well as the practical skills necessary to apply these concepts in the delivery of care.

It has been the intention of those involved in the *Mental Health* curriculum development effort to provide the health care student with the opportunity to acquire the knowledge and skills necessary to deliver effective patient/client care today... and in the future.

Sherry Wietelman, Curriculum Specialist
Curriculum and Instructional Materials Center
Oklahoma Department of Vocational and
Technical Education

The nursing profession touches many lives in a variety of ways. The capacity of nurses to connect with patients can be a natural ability and a learned skill. This ability to connect can have a major impact on the manner in which interventions, both medical and psychiatric, are received by patients. To some extent, all nurses must use mental health concepts in their normal work with patients.

The intent of this curriculum material is to give health care students the training they need in order to maximize their natural abilities as well as develop new skills. These skills should help them function effectively regardless of the specific situation in which they find themselves.

It is hoped that the material accomplishes this purpose. Additionally, it is believed that effective utilization of mental health concepts, knowledge, and skills can only enhance any health care situation.

James L. Campbell
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ACKNOWLEDGEMENTS

The Curriculum and Instructional Materials Center (CIMC) extends its appreciation to those individuals who played important roles in the development of *Mental Health*.

A generous thank you is extended to the professional individuals who served on the *Mental Health* curriculum task analysis and validation committees. Their contributions of time, talent, and knowledge in determining the content of this publication are greatly appreciated.

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We also thank the state director, Dr. Roy Peters, Jr., and assistant state director, Dr. Charles O. Hopkins, for their continued support throughout this project.

The area vocational-technical school administrators who supported instructor participation in this project deserve a special thank you, as well.

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Oklahoma Department of Vocational and Technical Education Health Occupations Education staff who provided leadership and direction on this project also deserve special recognition.

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Gail Pearson
Assistant State Supervisor
and HOSA State Advisor
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Special recognition and gratitude is expressed to the writer, James L. Campbell. James' experience includes employment at Oklahoma Memorial Hospital within the In-Patient Mental Health Unit, as a Community Counselor in Clovis, New Mexico, and as an instructor at both Eastern New Mexico University and Oklahoma State University. He is currently an intern at the Counseling Center at the University of Maryland where he is completing the requirements for a Ph.D. in counseling psychology. James' dedication and cooperation contributed to the quality of this material.

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Sandra Perky Williams also deserves special recognition for her expert editing. Her uncanny ability to process information, reword it, and make it clear and concise made *Mental Health* an outstanding publication.

A special thank you goes to Dr. Charlotte Rappsilber, Associate Director of Nursing Education, Oklahoma Board of Nurse Registration and Nursing Education for her support, and to Dr. Lou Ebrite, Teacher Educator, Health Occupations Education, Central State University, Edmond, Oklahoma, for her constant encouragement and support throughout the development effort.

Only through the close cooperation of the Curriculum and Instructional Materials Center staff was this curriculum developed. Sincere thanks are shared with the current, as well as, former CIMC coordinators.

Dr. Brenda Stacy
CIMC Coordinator (current)

Dr. Lynna Ausburn
Development Coordinator (current)

Mr. Greg Pierce
former CIMC Coordinator

Ms. Sheila Stone
former Development Coordinator

Special appreciation is offered to the numerous other individuals on the CIMC staff who functioned in supportive roles throughout the development of the *Mental Health* curriculum: Michelle Sharp, Publications Design Specialist; Brenna Tillman, Desktop Publishing Operator; Terri Tomson, Word Processing Technician; and Barbara Kuehl, Secretary.

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Finally, a big thank you to all others who helped with this publication.

Sherry Wietelman, Curriculum Specialist
Curriculum and Instructional Materials Center
Oklahoma Department of Vocational and Technical Education

USE OF THIS PUBLICATION

INSTRUCTIONAL UNITS

Mental Health contains five units. Each instructional unit includes basic components that form a unit of instruction: performance objectives, suggested activities, pretests, pretest answers, information sheets, assignment sheets and their answers or job sheets and their practical tests, written tests, and written test answers. Handouts, supplements, transparency masters, and activity sheets are optional components which may be included in some or all of the units. Transparency masters, handouts, pretests and written tests are included in the instructor edition only and may be duplicated for classroom use. Test packets may be purchased in Oklahoma by calling 800-522-5810. Out-of-state instructors may order test packets by calling 800-654-4502.

The unit components focus on measurable and observable learning outcomes. When applicable, units include activities that use the affective domain. Instructors are encouraged to supplement, personalize, localize, and motivate with these materials in order to develop a complete teaching/learning process.

Units of instruction are designed for use in more than one lesson or class period of instruction. By carefully studying each unit of instruction, the instructor will be able to plan presentations and demonstrations to meet the needs of the students as well as determine the following:

- How to use the materials for independent study
- Amount of material to cover in a single class period
- Skills that must be demonstrated
    - Supplies and equipment needed
    - Amount of class time for demonstrations
    - Amount of class time for student practice
- Supplementary materials to order, such as pamphlets, videos or software
- Resource people to contact

Objective Sheets (White Pages)

Each unit of instruction is based on the knowledge and skills needed for successful employment in an occupational area. What the student must know and be able to do has been translated into performance objectives which are stated in two forms. **Unit objectives** state the subject matter to be covered in a unit of instruction, what the student should be able to do and what standard will be used to determine whether the student has achieved competency. **Specific objectives** outline the teaching sequence and state the performance necessary to meet the unit objective.

The objectives can also help determine teaching strategies and instructional methods. Instructors will need to decide how each objective can best be taught (individualized or class instruction) to *their* students prior to teaching the unit. Instructors should feel free to modify, delete, or add objectives in order to meet the needs of the students and community. If objectives are added, the instructor should remember to supply the needed information, assignment sheets, job sheets, and criterion test items.

Suggested Activities (Pink Pages) — **Instructor's Edition Only**

This component assists the instructor during the preparation stage of the teaching/learning process by providing suggestions for delivery, enrichment, and application during the instructional process. Teaching suggestions are included for each objective. The instructor should read the suggested activities before teaching the units to allow time to obtain supplemental materials, prepare audiovisual materials, and contact outside resources. Duties of the instructor will vary according to the particular unit.

Included in this component are suggested resources of additional information audiovisual materials, and software which may be used to teach the unit. Unit references used in the development of each unit are also provided. Instructors can use suggested resources and unit references to supplement their knowledge of the subject or to help students with particular interests or occupational objectives in the subject area.

Handouts (White Pages) — **Instructor's Edition Only**

Handouts are additional teaching aids that support portions of the information sheet by providing "nice-to-know" information which is not testable. They may include activities such as games, puzzles or supplementary information on subjects that are considered to be controversial. The instructor may decide whether to duplicate and use handouts in teaching the unit.

Pretests (Yellow Pages)

Because students bring a variety of background experiences and knowledge to the classroom, pretests are included to allow the student the opportunity to demonstrate previously gained information. The pretest provides a criterion-referenced tool for evaluating students' knowledge prior to studying the unit. For a description of this component, please refer to the written test description.

Pretest Answers (Pink Pages) — **Instructor's Edition Only**

This component is designed to assist the instructor in evaluating student performance on written tests.

Information Sheets (Green Pages)

The information sheets provide "must know" content that is essential for meeting the cognitive objectives. The information sheets serve as an excellent guide for presenting background knowledge necessary to develop the skills specified in the unit objective.

Students should read the information sheets before the information is discussed in class. Space is provided in margins for students and instructors to add notes that supplement, localize, personalize, or provide motivation for each unit. Program coordinators, directors and/or instructors are encouraged to select and require textbooks for students in order to supplement and expand the material covered in the information sheets.

The information sheets may include notes, cautions, or warnings. These should be discussed carefully and thoroughly. **Notes** are short verbal additions to the information that provide nice-to-know and decision-making information. A note may tell the student what to look for or consider at a given step, or may explain when a step may not be applicable.

Notes offer guidance that may help the student understand the process and accomplish it more efficiently. **Cautions** are advisories that alert students to possible dangers to themselves or others. **Warnings** are advisories that alert the student to possible danger to equipment or facilities.

Supplements (Green Pages)

Supplements include material that provides additional information for understanding the topic but may not have direct application to specific objectives. Instructions that might be used for solving problems, tables, charts, written information, forms, or other information students might need in order to complete one or more of the assignment or job sheets could be included as a supplement. While supplements are not tested over directly, they may be used to assist the student in meeting the performance objectives.

Transparency Masters (White Pages)—**Instructor's Edition Only**

Transparency masters provide information in a special way. They direct attention to the topic of discussion and allow the instructor to illustrate the topic. The use of transparencies is especially effective for visual learners who prefer to see the topic being presented as well as hear about it. Transparencies may present new information or they may reinforce information presented in the information sheets.

Transparencies should be made ahead of time and placed with the rest of the materials necessary to teach the unit.

Activity Sheets (Tan Pages)

Activity sheets provide activities which support several objectives or deal with students' attitudes, beliefs or appreciation of the study area. Some may ask rather personal questions and are only intended for each student's personal use while other activity sheets may require the student to monitor his or her own actions or other personal variables over a period of time. Activity sheets will vary greatly in their design from unit to unit. Answer sheets may or may not be provided.

Assignment Sheets (Tan Pages)

Assignment sheets provide written exercises for instruction and practice of a specific objective. The introduction to the assignment sheet explains how the assignment sheet relates to the subject area and unit objectives and may provide instructional information or refer students to another component for such information.

Assignment sheets are intended to provide students with practice in exercising higher-order thinking skills. Often, assignment sheets will contain case studies, story problems, or other situations in which the student must analyze the circumstances and determine correct responses. Students may be given assignment sheets in class or as homework.

Assignment Sheet Answers (Pink Pages) — **Instructor's Edition Only**

This component is designed to assist the instructor in evaluating student performance on assignment sheets.

Job Sheets (Blue Pages)

Job sheets provide a list of equipment, tools, and materials needed to complete a manipulative or psychomotor skill. They describe a step-by-step procedure to complete each task or job. Diagrams, photographs, and illustrations may be included to assist students in achieving the skill.

The instructor should demonstrate the procedures outlined in each job sheet. Furthermore, the instructor needs to localize the procedure according to the equipment and supplies available in the local lab situation. Job sheets also show potential employers what skills the students are learning and the performances they might reasonably expect from students who have had this vocational instruction.

Practical Tests (Yellow Pages) — **Instructor's Edition Only**

The practical tests assist the instructor in evaluating the psychomotor activities (Job Sheets). They provide instructors with a valid mechanism for determining a student's level of ability to perform the procedure stated on the job sheet and a means of evaluating the student's final product.

Written Tests (Yellow Pages) — **Instructor's Edition Only**

This component provides criterion-referenced evaluation of every objective listed in the unit of instruction. All performance objectives, including those in the information sheets, assignment sheets, and job sheets must be evaluated. If objectives have been added, deleted, or modified, appropriate changes should be made on the test.

The tests may be written or oral. It may be advisable to divide the tests into shorter tests covering three or four objectives at a time and give them soon after those objectives are covered.

The acceptable response on a written test, eighty-five (85) percent in most units, applies to the overall score, not to each individual question. The final unit grade should be obtained by combining written test and assignment sheet scores with evaluation ratings for students' demonstrations of tasks.

Written Test Answers (Pink Pages) — **Instructor's Edition Only**

This component is designed to assist the instructor in evaluating student performance on written tests.

PAGE NUMBERING

Each CIMC publication is assigned a specific abbreviation or can be recognized by the book title. *Mental Health* will be referred to by title. Each unit is identified by the unit number in Roman numerals followed by the page number. The first page of each unit is always page 1. The component name, book title, unit number, and page number within the unit are printed at the bottom of each page. An example of the page footer for an objective sheet in *Mental Health* is shown below.

OBJECTIVE SHEET - Mental Health
I - 1

METHODS OF DISSEMINATING MATERIAL

Each student should be provided with a student workbook. Workbooks may be purchased for less than an instructor can reproduce them, especially when the instructor's time is considered. Student workbooks contain everything but the suggested activities, handouts, transparency masters, assignment sheet answers, tests, and test answers. Test packets may be purchased from the Curriculum and Instructional Materials Center. Students should be allowed to take their workbooks home when they complete the program.

TEACHING METHODS

It is a challenge to keep students motivated. Instructors can supplement the objectives by providing the "why", personal experiences, and current information. Preparation for each unit should be determined by how each objective can best be taught. Students should become involved in preparing and planning for each unit.

If the material will be utilized in an individualized instruction situation, instructors should provide opportunities that will allow students to become involved in planning for and being responsible for their own education.

COMPETENCY PROFILES

A competency profile is available for each CIMC publication. Competency profiles document student performance. The profile contains a list of the specific job competencies that a student should achieve before leaving the training program. Profiles should be distributed to students as needed.

DISCLAIMERS, CORRECTIONS AND SUGGESTIONS

Materials

Please note that suggested resources and references listed in this publication existed when this publication was written. CIMC assumes no responsibility for providing these materials and cannot ensure the availability of these materials as individual vendors, manufacturers, and publishers may discontinue these products at any time.

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To ensure that the material is updated on a timely basis, notify the CIMC of necessary corrections as soon as possible after discovering the error. Do not assume that someone else will notice the error and inform the CIMC; other users may be making the same assumption. Please send corrections and recommendations for improving this publication to the following address:

Curriculum and Instructional Materials Center
Attn: Curriculum Development Coordinator
Oklahoma Department of Vocational and Technical Education
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BASIC SKILLS IN CIMC MATERIALS

Preparing students to enter successfully into today's world of work offers vocational education a substantial challenge. The contemporary workplace is characterized by constant and rapid technological change and by increasing job complexity and skill intensity. Due to rapid technological advancement, the half-life of work skills is now reduced to a bare three to five years. Out of this new workplace environment has arisen a growing national awareness of the critical importance of an American workforce armed with the skills necessary to survive in a competitive economy.

One result of this national awareness has been the emergence of a renewed emphasis on basic academic skills in all areas of education. Pressure to increase academic skill development is being placed on education by both legislative action and industry mandate. The new Carl D. Perkins Vocational and Applied Technology Education Act of 1990 sets stringent basic skill requirements for vocational education. State legislatures are increasingly requiring basic skills accountability by teachers and school administrators. Graduation exams, minimum competency requirements, and expected learner outcomes are being implemented with increasing frequency. In addition, business and industry are delivering the message clearly to educators that vocational competence now requires increased strength in the basic skills.

The issue of the basic skills currently required in the work place was very successfully addressed in a recent national three-year study conducted jointly by the American Society of Training and Development (ASTD) and the U.S. Department of Labor (DOL). The findings of this study were published in 1990 in the book, *Workplace Basics: The Essential Skills Employers Want.*

The ASTD/DOL research indicates clearly that American employers have discovered that their workforces need a variety of skills that include, but are not limited to, the classic academic trio of reading, writing, and computation. Employers now are also looking for competence in areas such as "learning to learn," problem solving and critical thinking, interpersonal and teamwork skills, oral communication and listening techniques, and the social and personal management skills that demonstrate a capacity for independence and responsibility in on-the-job performance.

It is clear that the requirements of today's business and industry have expanded and re-defined "workplace basics." It is in line with the re-definition, and with the competency requirements of current education legislation, that the Oklahoma Department of Vocational and Technical Education has chosen to address "basic skills" in the instructional materials produced by its Curriculum and Instructional Materials Center.

It is not a new development for CIMC materials to contain information and activities which develop basic skills competencies in students undertaking vocational programs. What is new is the specific marking, or flagging, of items in our instructional materials that address basic skills.

To assist teachers and students in identifying activities which promote basic skills development, CIMC has implemented a marking system which uses simple graphic symbols, or icons. These icons are located in the left margins of Assignment Sheets, Activity Sheets, and Job Sheets. The following is an explanation of the icons and the kinds of basic skill activities they indicate.

1. ***READING SKILLS:*** Skills involving use of print resource material for obtaining and applying information.

Current vocational education literature indicates that functional literacy as a workplace basic needs to be defined in terms of reading competencies actually required for job performance. The activities identified with this icon as addressing reading skills in CIMC materials deal specifically with developing reading skills in an applied, job-related context. These range from general information-gathering activities to tasks requiring use of specific technical reference materials. Many contain a "learning to learn" aspect, which promotes engaging actively and purposefully in vocationally relevant inquiry.

2. ***WRITING SKILLS:*** Skills involving written communication of processes, information, or ideas.

Current vocational education literature indicates that functional literacy as a workplace basic needs to be defined in terms of reading competencies actually required for job performance. The activities identified with this icon as addressing reading skills in CIMC materials deal specifically with developing reading skills in an applied, job-related context. These range from general information-gathering activities to tasks requiring use of specific technical reference materials. Many contain a "learning to learn" aspect, which promotes engaging actively and purposefully in vocationally relevant enquiry.

3. ***MATHEMATICS SKILLS:*** Skills involving computation, calculation, and interpretation of numerical data.

This icon identifies activities which develop vocationally-related skills in computation, measurement and estimation, selection and application of appropriate mathematical processes, and collecting, displaying, or interpreting data.

4. ***SCIENCE SKILLS:*** Skills involving mastery and application of scientific information or theory.

This icon marks activities which are related to the development of skills in either the physical or biological sciences. These skills stress occupationally-related applications of science and technology.

5. **ORAL COMMUNICATION SKILLS:** Skills involving speaking and listening.

Activities marked with this icon promote development of effective speaking and listening. They include practice in such areas as speaking techniques, word choice, non-verbal messages, use of communication media, and using active listening techniques. Many of these activities promote "learning to learn" skills in verbal inquiry.

6. **INTERPERSONAL OR RELATING SKILLS:** Skills involving working and getting along with others.

Activities which deal directly with skills in relating to others are marked with this icon. This includes areas such as multi-cultural awareness, group processes and dynamics, negotiation, dealing with conflict, cooperation and teamwork, values and attitudes, and leadership and motivation.

7. **CREATIVE THINKING AND PROBLEM SOLVING SKILLS:** Skills involving comprehending, applying, analyzing, and developing complex ideas and situations.

This icon identifies activities which stress development of higher-order thought processes such as problem identification and analysis, lateral thinking, evaluating alternatives, developing solutions, examining assumptions, and evaluating outcomes.

8. **EMPLOYABILITY SKILLS:** Skills involving choosing, obtaining, and succeeding in a career.

Activities marked with this icon relate to competencies required to obtain employment and develop a career. These competencies include specific occupational tasks. They also include items such as career analysis and selection, job searching, completing applications and resumes, interviewing, business etiquette, and personal management skills required for job-keeping and maturing in one's work. Examples of the later category include personal presentation, self-discipline, work accuracy, reliability, discretion, punctuality, handling stress, judgement, confidence, etc.

Some activities in CIMC materials develop skills in more than one of the eight basic skill areas. In cases where the relative strengths of the skill elements are clearly discernable, the identification icon used is the one judged to be the primary, or strongest, element in the activity. For some activities, more than one icon is used, indicating equal strength of basic skills components in the activity.

The use of graphic icons to identify basic skills in CIMC instructional materials is the first in a series of steps designed to foster basic skills development in vocational students and accountability for vocational teachers. The Oklahoma Department of Vocational and Technical Education has developed a staged implementation strategy for integrating basic skills into CIMC materials. Additional basic skill elements in future CIMC publications will reflect the advancement of this staged implementation.

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PRACTICAL NURSING
CURRICULUM PHILOSOPHY

The Practical Nursing curriculum writers support the philosophy of the Curriculum and Instructional Materials Center. As a result, the curriculum is competency-based and written in uniform units of instruction.

Believing that **learning** occurs best in a progressive, orderly fashion, information should be sequenced from the simple to the complex. In order for the student to concentrate on learning information presented as opposed to trying to determine the teaching process, each curriculum unit needs to adhere to a uniform format. Application of information leads to retention of the knowledge and skills gained so assignment sheets and job sheets should be incorporated in the units.

Supporting the **teacher** as a facilitator of learning, information sheets should contain only basic information. The teacher can supplement the information so that it is directly relevant to the local area and the students while still guaranteeing basic minimal competency of the graduate. Students benefit from a variety of teaching methods so suggested activities for each unit should provide ideas for the teacher. Professionally prepared materials allow the teacher more time to personalize instruction.

Students are unique individuals who bring a variety of experiences and knowledge to the classroom. Pretests for units of instruction allow the student the opportunity to demonstrate previously gained information. Interpersonal skills, professional liability, and responsibility must be incorporated throughout the curriculum to enable the student to learn to function as a member of the health care team.

Nursing is a dynamic interpersonal process: The curriculum should be presented in a manner which allows the student to focus on the development, implementation, and evaluation of nursing care.* The receiver of nursing care is a complex being which is affected by the environment. While a disease may be specific to a body system, the whole organism reacts to the disease process. To support this belief, the curriculum is structured around body systems, with the integration of basic concepts which support healing, health maintenance, and disease prevention throughout the units.

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*Communication skills are considered integral in the nursing process.

CONCEPTUAL FRAMEWORK FOR PRACTICAL NURSING CURRICULUM

Central Concepts

The revised practical nursing curriculum has as its basis three interwoven concepts throughout. They are:

1. Body Systems
2. Nursing Process
3. Competency Base

Body Systems: Humans are viewed as holistic beings with biological, psychological and social needs. A specific body systems approach integrating Maslow's Hierarchy was selected as the basic premise for dealing with human needs in the organization of the curriculum.

Nursing Process: Nursing is viewed as a dynamic interpersonal process. The nurse-client/patient relationship is the vehicle for the nursing process. The learning experiences in the curriculum are designed to assist the student in developing skill in applying that process.

Competency Base: The major goal of practical nursing education is to develop a competent practitioner. The competencies identified within the curriculum have been validated by practicing professionals and vocational educators. Mastery of the tasks identified in the curriculum prepares the student at an entry level.

Strands

In addition to the three interwoven concepts there are fourteen major elements or strands which provide direction to the teaching/learning process. They are:

Nursing Skills: The identified tasks are the tools used to develop and implement the nursing process. Developing proficiency in these tasks prepares students to provide care for patients/clients whether the care is promoting, maintaining and restoring health or providing comfort to the terminal patient.

Health Promotion: Health and illness are viewed as opposite ends of a continuum upon which humans move back and forth. How persons perceive themselves and how others see them is reflected in their placement on the continuum. We believe it is important to assess the individuals health beliefs and practices. The curriculum is designed to prepare the student to intervene in ways that promote high-level wellness.

Patient Teaching: The curriculum emphasizes patient teaching as a basic intervention technique. It is believed that education promotes awareness of the health-illness continuum and of actions which promote illness or maintain/restore a state of wellness.

Nutrition: The human body has an essential need for nutrients. Alterations in nutrition contribute to illness. The curriculum prepares the student to assist the patient/client to meet nutritional needs through teaching, providing appropriate supplements, and diet therapy.

Safety/Infection Control: Safety involves interventions which reduce or eliminate physical and psychological threats to the patient/client. Appropriate interventions are emphasized throughout the curriculum.

Life Span: Human growth and development are orderly processes which begin with conception and continue until death. The individual's ability to progress through each developmental phase affects health. A developmental strand has been introduced to the curriculum to help the student understand commonalities and variations and their influence on health. This awareness will assist the student in intervening with an individualized approach.

Pharmacology: The administration of medication is a primary function of most Licensed Practical Nurses in Oklahoma. The Licensed Practical Nurse's role is extended beyond the technical skill to involve integrated drug therapy. The student is assisted in utilizing the nursing process to administer medications safely.

Documentation: The nurse is responsible for documenting the nursing process. Documentation is stressed to ensure accountability.

Cultural Concepts: The provision of effective holistic patient/client care requires the consideration of cultural values, behaviors and attitudes. The curriculum assists the student in integrating these considerations in all stages of the nursing process.

Professionalism and Leadership Development: Professionalism includes behaviors which foster trust and respect as well as portray competence in the administration of nursing care. Those behaviors are fostered through the integrated activities of the student organization, Health Occupations Students of America.

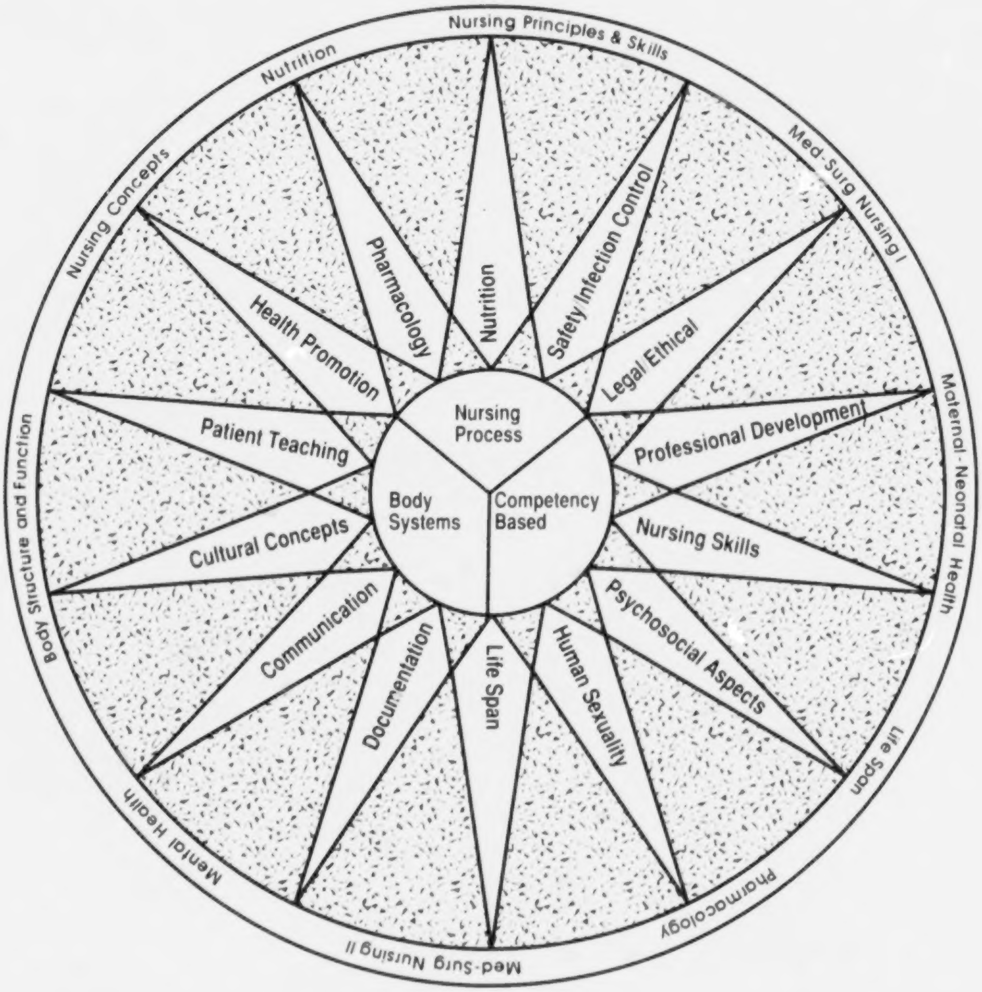
Psychosocial Aspects: Psychosocial aspects affect health care. In turn they can be affected by a change in health status. The curriculum, in its holistic approach, assists the student in dealing with these factors in the nursing process.

Human Sexuality: Sexual attitudes, values and behavior are important in health and in illness. The curriculum assists the student to consider this psychosocial aspect in meeting an individual's health care needs.

Legal and Ethical: The curriculum is designed to foster the development of a personal value for behaving in an ethical manner as well as staying within the boundaries of the Nurse Practice Act.

Communications: The importance of communication in each step of the nursing process is recognized. Communication/therapeutic communication skills are emphasized.

Practical Nursing Curriculum Model


Nursing Principles & Skills
Med-Surg Nursing I
Maternal-Neonatal Health
Life Span
Pharmacology
Med-Surg Nursing II
Mental Health
Body Structure and Function
Nursing Concepts
Nutrition
Nutrition
Safety Infection Control
Legal Ethical
Professional Development
Nursing Skills
Psychosocial Aspects
Human Sexuality
Life Span
Documentation
Communication
Cultural Concepts
Patient Teaching
Health Promotion
Pharmacology
Nursing Process
Body Systems
Competency Based

CURRICULUM OBJECTIVES

The curriculum is designed to prepare the nursing student by facilitating the development of competencies necessary to function as a practical nurse. The student accomplishes this through developing, utilizing and applying

1. Concepts of Body Structure and Function
2. Nursing Principles and Skills
3. Concepts of Pharmacology
4. Concepts of Maternal and Neonatal Care
5. Concepts of Nutrition
6. Concepts of Basic Medical-Surgical Nursing (I)
7. Concepts of Advanced Medical-Surgical Nursing (II).
8. Concepts of Mental Health
9. Nursing Concepts
10. Principles of Growth and Development Through the Life Span

After successfully completing the curriculum, the student will be able to function as a member of a health care team and administer comprehensive nursing care due to the elemental threads which have directed their learning processes. These threads are:

1. Nursing Skills
2. Patient Teaching
3. Health Promotion
4. Nutrition
5. Safety/Infection Control
6. Life Span
7. Medication Therapy
8. Documentation
9. Cultural Concepts
10. Professional Leadership/Development
11. Psychosocial Aspects
12. Human Sexuality
13. Legal/Ethical Issues
14. Communication

OBJECTIVE SHEET

UTILIZE BASIC PRINCIPLES OF MENTAL HEALTH

I

INTRODUCTION

Although most nurses are employed in aspects of physical health, characteristics of mental health affect all aspects of our health delivery system. In the course of their work, nurses have many opportunities to affect the mental health of patients, their families, and friends in a wide variety of situations. Understanding the components and characteristics of the mental health environment and learning appropriate nursing care methods can provide a positive impact to people within that environment.

UNIT OBJECTIVE

After completing this unit, the student will be able to recognize the basic characteristics of mental health and the mental health environment. The student will demonstrate these competencies by completing the assignment sheet and written test with a minimum of 85 percent accuracy.

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to

1. Match terms associated with basic mental health to their correct definitions.
2. Select from a list the characteristics of mental wellness.
3. Distinguish between adaptive and maladaptive behaviors.
4. Match coping mechanisms with their correct descriptions.
5. Match defense mechanisms with their correct descriptions.
6. Determine stages of the grieving process.
7. Select normal reactions to illness and disability.
8. Distinguish between the assessment data that indicates sensory deprivation and overstimulation.
9. Discuss the stigma of mental illness.
10. Distinguish between mental illness myths and facts.
11. Select from a list members of the mental health team.
12. Describe the roles of various members of the mental health team.

13. Discuss the role of the family in the care of the mental health patient/client.

14. Apply basic principles of mental health. (Assignment Sheet 1)

UTILIZE BASIC PRINCIPLES OF MENTAL HEALTH

PREPARATION

- Order materials to supplement unit.
- Obtain materials for charts.
  - Markers
  - Cardboard
  - Scissors
  - Tape
- Contact guest speakers and arrange for their presentations to the class.

  NOTE: Be sure to provide the specific topics of discussion to the guest speakers. After final confirmation has been received, be sure to call them one or two days before the scheduled day and reconfirm their participation.
- Make a bulletin board.
- Devise games and /or crossword puzzles to reinforce terms.
- HOSA Integration:
  - Assist student to conduct a chapter service project on mental health.
  - Develop objectives for service project and identify a theme.
  - Create a poster according to Extemporaneous Health Display rules—display in highly visible areas.
  - Plan community or school health project that involves disseminating pamphlets about mental health.

DELIVERY

- Discuss unit objectives.

Objective 1

- Discuss terms associated with basic mental health.
- Have students play reinforcement games and work crossword puzzles using terms.

Objectives 2 and 3

- Discuss the characteristics of mental wellness including how adaptive and maladaptive behaviors influence mental wellness.

Objective 4 and 5

- Discuss coping mechanisms and defense mechanisms.
- Have students develop a chart with names and descriptions of the various coping mechanisms and/or defense mechanisms.

Objective 6

- Discuss the stages of the grieving process.
- Ask a representative from Hospice to speak to the class on the grieving process.
- Show *The Grief Process*.

Objective 7

- Discuss normal reactions to illness and disability.
- Ask hospital social worker (preferably not a psychiatric social worker) to speak to class regarding normal patient/client and family members reactions to illness and disability.

Objective 8

- Discuss sensory deprivation and overstimulation.

Objective 9

- Discuss the stigma of mental illness.
- Have one or more survivors of the mental health system (someone who has been hospitalized) talk to the class about their experiences after being labeled "mentally ill."

Objective 10

- Discuss the myths of mental illness.

Objectives 11 and 12

- Discuss the members of a mental health team and their roles.
- Ask the director of a hospital mental health unit to speak to the class regarding the functions of inpatient mental health services and the duties of the various members in such a facility.

Objective 13

- Discuss the role of the family in the care of the mental health patient/client.
- Ask a hospital psychiatric social worker or family therapist to speak to the class regarding family interactions and mental or emotional problems.
- Show *Family Patterns.*

APPLICATION

Objective 14

- Ask a crisis hotline worker to speak to the class regarding telephone crisis work.
- Have students complete Assignment Sheet 1.

EVALUATION

Pretest

- Pretest qualifying students.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Written Test

- Explain to class members that they will be asked to demonstrate on the written test the actions listed in the specific objectives.
- Give written test.
- Evaluate students on assignment sheet activities if not previously done.
- Reteach and retest if necessary.
- Complete appropriate sections of competency profile.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Audiovisual Materials

- *Family Patterns.* Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.
- *The Grief Process.* Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.

Computer Software

- *Crossword Magic* by L & S Computerware. Mindscape, Inc., 3444 Dundee Road, North Brook, Illinois.

Publications

- Schoenberg, Bernard, Irwin Gerber, Alfred Wiener, Austin H. Kutscher, David Peretz, and Arthur C. Carr, eds. *Bereavement: Its Psychosocial Aspects.* Columbia University Press, New York, 1975.

UNIT REFERENCES

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- Dember, William N., and Joel S. Warm. *Psychology of Perception*, 2nd ed. Holt, Rinehart and Winston, New York, 1979.
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- Kubler-Ross, Elizabeth. *On Death and Dying.* Macmillan Publishing, New York, 1969.
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- Miles, Agnes. *The Mentally Ill in Contemporary Society.* St. Martin's Press, New York, 1981.

- Reid, Jamee Noell. *Practical Nursing, Volume III.* Stillwater, Oklahoma, Oklahoma Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1984.
- Schoenberg, Bernard, Irwin Gerber, Alfred Wiener, Austin H. Kutscher, David Peretz, and Arthur C. Carr, eds. *Bereavement: Its Psychosocial Aspects.* Columbia University Press, New York, 1975.

PRETEST ANSWERS

UTILIZE BASIC PRINCIPLES OF MENTAL HEALTH

I

OBJECTIVE 1

1. u
2. e
3. k
4. m
5. o
6. g
7. q

OBJECTIVE 2

1, 3, 6

OBJECTIVE 3

1. A
2. A
3. M
4. A
5. M
6. M
7. A
8. M
9. M
10. M
11. A
12. M
13. A
14. M
15. M
16. A
17. M
18. A
19. M
20. M
21. A
22. A

OBJECTIVE 4

1. d
2. n
3. c
4. g
5. f
6. b
7. i
8. p
9. h

OBJECTIVE 5

1. k
2. l
3. r
4. o
5. j
6. e
7. m
8. q

OBJECTIVE 6

1. d
2. b
3. c
4. a
5. b

OBJECTIVE 7

1. a
2. b
3. c
4. a

OBJECTIVE 8

1. O
2. O
3. S
4. O
5. O
6. S
7. S
8. O
9. S
10. S
11. O
12. O
13. S
14. O
15. S
16. S
17. S
18. O

OBJECTIVE 9

Reasons

- People are fearful
- People believe they are unable to manage their own affairs.

Consequences

- Social rejection and isolation
- Being treated with fear
- Being treated as unpredictable
- Being treated as dangerous
- Facing reduction in the options available
- Confronted with society's doubts about one's basic humanness

OBJECTIVE 10

1. F
2. M
3. M
4. F
5. M
6. M
7. F
8. F
9. M
10. M

OBJECTIVE 11

3, 6, 9

OBJECTIVE 12

1. Psychologist
   - Conducts psychotherapy
   - Conducts and interprets psychological tests

2. Psychiatric Social Worker
   - Conducts counseling
   - Plans the integration of the client or patient and outside persons, situations, or environments

3. Community Counselor
   - Conducts counseling
   - Some are involved in testing and assessment
   - Many are employed in community clinic settings

4. Human Relations Counselor
    - May do any of the following
    - Conducts counseling
    - Conducts marriage and family therapy
    - Conducts alcohol assessment and counseling
    - Conducts general assessment of mental or emotional problems

5. Psychiatric Technician
    - Assists the nursing staff
    - Assesses patient's progress
    - Provides a safe environment

OBJECTIVE 13

Can have impact in:

- Facilitating recognition of the mental or emotional problem
- Influencing the individual to seek help
- Facilitating patient/client adjustment during treatment
- Facilitating patient/client adjustment after completion of treatment

Specific suggestions:

- Accept the patient/client.
- Provide positive communication with the patient/client.
- Work with patient and professionals in identifying problem behaviors and their maintaining conditions.
- Assist patient and professionals in developing workable plans for treatment and discharge.
- Learn conflict resolution skills and if disagreements are prominent, decrease them.
- Be willing to explore family interaction patterns.
- Adapt to changes in household routines.

OBJECTIVE 14

Refer to answers to Assignment Sheet 1.

PRETEST

UTILIZE BASIC PRINCIPLES OF MENTAL HEALTH

I

NAME ______________________ SCORE ________

OBJECTIVE 1

Match terms associated with basic mental health to their correct definitions. Write the correct letters in the blanks.

______1. A condition whereby individuals do not receive enough sensory stimulation to allow for the central nervous system to function normally

______2. An attempt to deal with unpleasant, uncomfortable, unknown, stressful, or anxiety-producing situations

______3. Sudden, rapid shift from one idea to another with little or no logical association or continuity

______4. False sensory perception having no relation to reality and not accounted for by any external stimuli

______5. A reaction when a nerve or a portion of the nervous system is stimulated and as a result is more attuned to the environment; sensory organs may become hypersensitive.

______6. Habitual behaviors or patterns of behaviors that allow people to avoid experiencing anxiety or psychological threat

______7. The pattern or organization of personal characteristics and the modes of behavior that differentiate one person from another person

a. Acting out
b. Affect
c. Anxiety
d. Catatonia
e. Coping
f. Decompensation
g. Defense mechanisms
h. Delusion
i. Dementia
j. Depression
k. Flight of ideas
l. Grief
m. Hallucination
n. Mental health
o. Overstimulation
p. Paranoia
q. Personality
r. Psychosis
s. Psychosomatic
t. Psychotherapy
u. Sensory deprivation
v. Stigma

OBJECTIVE 2

Select from a list the characteristics of mental wellness. Write an "X" in the blank next to characteristics of mental wellness.

______1. Versatility

______2. Concreteness

______3. Adjustment

______4. Pragmatic

______5. Delusionality

______6. Maturity

OBJECTIVE 3

Distinguish between adaptive and maladaptive behaviors. Write an "A" in the blanks before adaptive behaviors and an "M" in the blanks before maladaptive behaviors. (Question continued on next page)

______1. Ability to interact with others

______2. Constructiveness

______3. Distrustfulness of others

______4. Compassion for others

______5. Over-dependence on others

______6. Creation and exploitation of dependency in others

______7. Concern for others

______8. Avoidance of close interpersonal relationships

_______9. Manipulation of others for personal gain

______10. Inability to deal with stress

______11. Productivity

______12. Abounding anxiousness

______13. Consistency

______14. Feelings of self-righteous indignation

______15. Sabotage of others' work

______16. Awareness of one's effect on others

______17. Self-defeating behavior

______18. Genuine interest in others

______19. Withdrawal

______20. Inclination to abandon projects in the face of frustration and adversity

______21. Reasonable understanding of oneself

______22. Dependability

OBJECTIVE 4

Match coping mechanisms with their correct descriptions. Write the correct letters in the blanks.

______1. Refusing to recognize and accept the reality of one's own thoughts, feelings, or actions, or those of significant others

______2. A variety of techniques and exercises that allow one to manage stress by easing the body and controlling the consciousness

______3. Process by which an emotional conflict is expressed as a physical problem

______4. Physical activity that works muscles and uses energy

______5. The use of substances, such as alcohol or marijuana, to ignore, forget, or attempt to change negative feelings, thoughts, or situations

______6. Development of beliefs or personality traits as a means of making up for various perceived inadequacies

______7. Unconscious patterning of one's self after the characteristics of another

______8. Eliminating the source of the anxiety or extracting ourselves from the situation causing the anxiety

______9. An activity in which the primary purpose is pleasure. This type of activity tends to produce a positive outcome when dealing with stressful situations.

a. Aggression
b. Compensation
c. Conversion
d. Denial
e. Displacement
f. Drug abuse
g. Exercise
h. Hobby
i. Identification
j. Projection
k. Rationalization
l. Reaction formation
m. Regression
n. Relaxation
o. Repression
p. Stress removal
q. Sublimation
r. Suppression
s. Withdrawal

OBJECTIVE 5

Match defense mechanisms with their correct descriptions. Write the correct letters in the blanks.

______1. Conscious method of finding a logical excuse or reason for things one wants to do or a reason for not doing what one doesn't want to do

______2. The development of conscious attitudes and behavior patterns that are opposite to one's real feelings and desires

______3. Consciously pushing unwelcome ideas, memories, or feelings back into the subconscious mind; they are accessible when one wishes to remember them.

______4. Unconscious exclusion from awareness of unbearable ideas, experiences, and impulses by forcing them down into the unconscious; sometimes this material may emerge in the form of hallucinations or dreams.

______5. Blaming someone else for one's own perceived faults, shortcomings, inadequacies, or failures

______6. Transference of emotions from original object, situation, or idea to another, usually more acceptable, object, situation, or idea

______7. Retreat from the present pattern of behavior to previous levels of behavior that appear more comfortable or safer to the individual

______8. Channeling strong and socially unacceptable affect and behaviors into a form accepted by society

a. Aggression

b. Compensation

c. Conversion

d. Denial

e. Displacement

f. Drug abuse

g. Exercise

h. Hobby

i. Identification

j. Projection

k. Rationalization

l. Reaction formation

m. Regression

n. Relaxation

o. Repression

p. Stress removal

q. Sublimation

r. Suppression

s. Withdrawal

OBJECTIVE 6

Determine stages of the grieving process. Write the correct letters in the blanks. (Questions continued on next page)

______1. Patti and her husband divorced about 6 months ago. She doesn't seem to be able to concentrate or function at work and spends much of her time crying. She feels unable to date other people and feels hopeless regarding the future. What stage of the grieving process is Patti in?

a. Anger
b. Bargaining
c. Denial
d. Depression

______2. Sam has lost his elderly mother recently. He is very mournful of the loss but is thankful for an end to his mother's suffering. He continues to have periods of minor depression but is finally able to return to his job and work productively. What stage of the grieving process is Sam in?

a. Denial
b. Acceptance
c. Bargaining
d. Depression

______3. George has just had his leg amputated due to a farming accident. He appears to be functioning fine and is making plans of returning to work very quickly. He has informed the physicians that he doesn't feel he needs any special equipment and believes he will be just fine. What stage of the grieving process is George in?

a. Acceptance
b. Anger
c. Denial
d. Depression

_______4. Lucia recently lost her brother in a sky diving accident. They lived together while they were both attending college. She is unable to get rid of her brother's clothes that are still in the house and she continues to keep his room as it was before his accident. She is now wanting her parents to have another child and is considering having a child herself. What stage of the grieving process is Lucia in?

a. Bargaining
b. Anger
c. Acceptance
d. Depression

_______5. James' grandmother recently had a stroke and after her hospital stay, was put in a nursing home. James has been very critical of the care his grandmother has received from the nursing home and has threatened to move her to another facility. In fact James is unhappy with every aspect of the facility. What stage of the grieving process is James in?

a. Denial
b. Anger
c. Acceptance
d. Bargaining

OBJECTIVE 7

Select normal reactions to illness and disability. Write the letter of the correct answer in the blank next to the question. (Questions continued on next page)

_______1. Most people will at some point begin to accept their illness but not its limitations. How are they likely to react at this time?

a. With anger
b. With delusion
c. With depression
d. With frustration

_______2. A common initial reaction in the beginning stage of physical illness is ...

a. Anger
b. Denial
c. Resentment
d. Tension

_______3. What is a normal initial reaction when people begin to accept their illness and its limitation?

a. Acceptance
b. Anxiety
c. Depression
d. Feelings of worthlessness

_______4. What reaction will individuals likely express when they begin to accept their illness and restructure their lives based on the illness?

a. Acceptance
b. Anticipation
c. Denial
d. Hyperactivity

OBJECTIVE 8

Distinguish between the assessment data that indicates sensory deprivation and overstimulation. Write an "S" in the blanks before characteristics of sensory deprivation. Write an "O" in the blanks before characteristics of overstimulation. (Questions continued on next page)

_______1. Facial contortions

_______2. Rage

_______3. Hallucinations

_______4. Easily surprised or startled

_______5. Fear

_______6. Desire for noise, touch, light, smells

_______7. Restlessness

_______8. Disorganization of ongoing activities

_______9. Displaying constant random movements

_____10. Inability to think systematically

_____11. Blocking of speech

_____12. Slowing of speech patterns

_____13. Emotional disturbances

_____14. Slurring of sounds

_____15. Inability to concentrate

_____16. Boredom

_____17. Stimulus-seeking behavior

_____18. Desire for quiet, dark, environments

OBJECTIVE 9

Discuss the stigma of mental illness. Include reasons people stigmatize and the consequences of being labeled "mentally ill."

OBJECTIVE 10

Distinguish between mental illness myths and facts. Write an "M" in the blanks before myths and an "F" in the blanks before facts regarding mental illness.

______1. Most mental and emotional problems go unnoticed by the general public.

______2. Those suffering mental and emotional problems are easily identified.

______3. Most people suffering mental and emotional problems commit bizarre acts.

______4. The mass media typically depicts extreme cases when showing the mentally ill.

______5. Suffering mental illness is shameful.

______6. There is a clear, qualitative difference between normal and abnormal behavior.

______7. Most people suffering mental and emotional problems hold jobs.

______8. Both environmental and biological factors are involved in mental and emotional problems.

______9. Mental illness can be transmitted through sharing the same glass.

______10. Most people suffering mental and emotional problems are unstable and dangerous.

OBJECTIVE 11

Select from a list members of the mental health team. Write an "X" in the blank before individuals most likely to be on a mental health team.

_______1. Laboratory Technician

_______2. Nurse's Aid

_______3. Psychiatric Nurse

_______4. X-ray Specialist

_______5. Surgeon

_______6. Psychiatrist

_______7. Pharmacist

_______8. OB/GYN Physician

_______9. Activities Therapist

______10. Phlebotomist

______11. Physical Therapist

______12. Respiratory Therapist

OBJECTIVE 12

Describe the roles of various members of the mental health team. Describe the role performed by each of the following.

1. Psychologist
2. Psychiatric Social Worker
3. Community Counselor
4. Human Relations Counselor
5. Psychiatric Technician

OBJECTIVE 13 **Discuss the role of the family in the care of the mental health patient/client.** Include the areas where family members can have an impact and state specific suggestions for family members.

NOTICE In addition to the pretest items, the student will be required to demonstrate mastery of the following objective.

OBJECTIVE 14 **Apply basic principles of mental health.** SCORE ______

UTILIZE BASIC PRINCIPLES OF MENTAL HEALTH

OBJECTIVE 1

Match terms associated with basic mental health to their correct definitions.

- **Acting out** — The active expression of emotion through inappropriate behavior in order to reduce anxiety, hostility, or other unpleasant emotions
- **Affect** — Emotional reactions associated with an experience, including inner feelings and their external manifestations
- **Anxiety** — An emotional condition characterized by apprehension, worry, and distress regarding some past event or future uncertainty
- **Catatonia** — The tendency to assume and remain in a fixed posture while in a wakeful state

  NOTE: Patients tend to assume a statue-like pose. In some cases another person can position the patient and he or she will assume the new pose.
- **Coping** — An attempt to deal with unpleasant, uncomfortable, unknown, stressful, or anxiety-producing situations
- **Decompensation** — A deterioration from an adequate level of functioning to an inadequate level of functioning in all areas of one's life
- **Defense mechanisms** — Habitual behaviors or patterns of behavior that allow people to avoid experiencing anxiety or psychological threat
- **Delusion** — False belief brought about without appropriate external stimuli and inconsistent with the individual's own knowledge and experience
- **Dementia** — Irrecoverable deterioration of the mental state, with absence or reduction of intellectual faculties due to organic brain disease
- **Depression** — An emotional condition characterized by extreme sadness, gloom, feelings of worthlessness, and loss of hope
- **Flight of ideas** — Sudden, rapid shift from one idea to another with little or no logical association or continuity

- **Grief** — An emotion of sorrow, sadness, or anguish usually related to the death or loss of someone or something that was much loved, respected, and/or highly regarded

- **Hallucination** — False sensory perception having no relation to reality and not accounted for by any external stimuli

- **Mental health** — The capacity of an individual to adjust to new situations and to handle personal problems without marked distress, and still have enough energy to be a constructive member of society

- **Overstimulation** — A reaction when a nerve or a portion of the nervous system is stimulated and as a result is more attuned to the environment. Sensory organs may become hypersensitive

- **Paranoia** — Delusions characterized by extreme suspiciousness. In severe cases, they are illogical and absurd

- **Personality** — The pattern or organization of personal characteristics and the modes of behavior that differentiate one person from another person

- **Psychosis** — Severe psychological disorder involving the loss of contact with reality.

  NOTE: Psychosis may be manifested as delusions, hallucinations, flight of ideas, or in other ways.

- **Psychosomatic** — Disorders that have physical (somatic) manifestations and have identifiable emotional causes

  EXAMPLES: Stress-related ulcers, migraine headaches, and asthma

- **Psychotherapy** — The treatment of emotional disorders by a trained professional through psychological methods and techniques

- **Sensory deprivation** — A condition whereby individuals do not receive enough sensory stimulation to allow the central nervous system to function normally

- **Stigma** — A negative characterization of someone or something with attributes that are perceived to be disgraceful, discrediting, or noxious.

OBJECTIVE 2

Select from a list the characteristics of mental wellness.

The many characteristics of mental wellness may be classified into three major areas, adjustment, versatility, and maturity.

The first characteristic of mental wellness is **adjustment.** This concept states that mentally healthy individuals are aware and accepting of the world around them. This is not to say that individuals passively accept all aspects of their present lives, but that they have a realistic view of the world. It also implies that they are "well-adjusted" to other individuals and their own inner adequacies. Mentally healthy individuals are involved in the world around them and are able to develop mutually satisfying relationships with others.

The second characteristic of mental wellness is **versatility.** This concept conveys that mentally healthy people can change and adjust their behaviors to meet the ever-changing demands made upon them by the world at large. They are able to assess the requirements being placed upon them and alter their own actions to conform to these requirements.

Finally, mental wellness can be described in terms of **maturity.** Mature people express effective interactions based on how others would react in a similar situation. Maturity implies that the specific behaviors of mental wellness will change as a person travels through the various life stages. What is considered a display of mental wellness for a six year old child would not be considered a display of mental wellness for a thirty-five year old adult.

OBJECTIVE 3

Distinguish between adaptive and maladaptive behaviors.

Adaptive behaviors associated with mental health are those that allow people to be adjusted, versatile, and mature in their interactions with others. The most common adaptive behaviors include dependability, consistency, productivity, constructiveness, a genuine interest in others and the ability to interact with them, concern and compassion for others, an awareness of how one affects others, and a reasonable understanding of oneself.

Some behaviors tend to be maladaptive for positive mental health. They include the inability to deal with stress, the inclination to abandon projects in the face of frustration and adversity, the manipulation of others for personal gain, the avoidance of close interpersonal relationships, distrustfulness of others, withdrawal from others, over-dependence on others, and the creation and exploitation of dependency in others. Other indicators of poor mental health include extreme anxiety, feelings of self-righteous indignation, self-defeating behavior, and the sabotage of others' work.

OBJECTIVE 4

Match coping mechanisms with their correct descriptions.

Coping mechanisms are behaviors that are attempts at dealing with unpleasant, uncomfortable, unknown, or anxiety-producing situations.

Effective Coping Mechanisms

- **Stress removal** — We can deal with situations that are anxiety-producing by removing the source of the anxiety or removing ourselves from that situation.

  EXAMPLE: A woman who works in a job she does not like, quits her job and obtains a new, more pleasant job.

- **Relaxation** — A variety of techniques and exercises that allow one to manage stress by easing the body and controlling consciousness

  EXAMPLE: A college student who doesn't get along with his roommate performs deep breathing relaxation exercises daily.

- **Exercise** — Physical activity that works muscles and uses energy; many people have found that physical exercise helps to manage anxiety-producing situations.

  EXAMPLE: An executive plays racquetball several times a week in order to deal with the stress of his professional position.

- **Hobbies** — An activity in which the primary purpose is pleasure. Being active in hobbies and other non-stressful activities tends to produce positive outcomes when dealing with stressful situations.

  EXAMPLE: A woman who just lost her mother begins taking music lessons.

Ineffective (or Short-term) Coping Mechanisms

- **Withdrawal** — Abandoning or refusing to deal with a situation without removing the stressful situation.

  EXAMPLE: A college student who is having difficulty with school begins watching television every evening.

- **Aggression** — A violent act intended to reduce the anxiety or the unpleasantness without changing the situation

  EXAMPLE: A woman becomes angry at a police officer and repeatedly hits him.

- **Drug abuse** — The use of alcohol or other drugs to ignore, forget, or attempt to change negative feelings, thoughts, or situations

  EXAMPLE: A man begins to get drunk several times a week after his wife is killed in a car wreck.

- **Conversion** — Process by which an emotional conflict is expressed as a physical problem

  EXAMPLE: A women with elderly parents, who demand a lot of her time, begins to feel numbness in her legs and is unable to attend to her parents.

- **Denial** — Refusal to recognize and accept the reality of one's own thoughts, feelings, or actions, or those of significant others

  EXAMPLE: After a child is hit by a car and knocked unconscious, she is taken to the emergency room. Her father tells his friends and relatives that she is "fine, just a few scratches."

- **Identification** — Unconscious patterning of one's self after the characteristics of another

  EXAMPLE: A teenager begins to dress and behave like a famous sports star.

- **Compensation** — Development of beliefs or personality traits as a means of making up for perceived inadequacies

  EXAMPLE: A woman who believes she is unattractive goes to school to become a hairstylist.

OBJECTIVE 5 **Match defense mechanisms with their correct descriptions.**

Defense mechanisms are ways that people react to stressful situations. They don't change the situation, but are attempts to help people manage their anxiety regarding the situation. Everyone uses defense mechanisms at various times and in various situations. However, it is when we use one or more defense mechanisms in all anxiety-producing situations and do not address the root issue behind the anxiety, that they become problematic.

- **Suppression** — Consciously pushing unwelcome ideas, memories, or feelings back into the subconscious mind; they are accessible when one wishes to remember them.

  EXAMPLE: A woman suppresses memories of an intolerable marriage as she attempts to begin a new relationship.

- **Repression** — Unconscious exclusion from awareness of unbearable ideas, experiences, and impulses by forcing them down into the unconscious; sometimes this material may emerge in the form of hallucinations or dreams.

  EXAMPLE: A woman does not recall being the victim of sexual abuse as a young child.

- **Rationalization** — Conscious method of finding a logical excuse or reason for things one wants to do or a reason for not doing what one doesn't want to do

  EXAMPLE: A man purchases a new boat he really cannot afford, but states that it is a good buy as he will be using it to catch fish the family can use as food.

- **Regression** — Retreat from the present pattern of behavior to a previous level of behavior that appear more comfortable or safer to the individual

  EXAMPLE: Upon the birth of a sibling, a young boy begins to display behaviors, such as thumb sucking, that he had previously quit.

- **Sublimation** — Channeling strong and socially unacceptable affect and behaviors into a form that is accepted by society

  EXAMPLE: A young man who displays an explosive temper becomes a boxer.

- **Projection** — Blaming someone else for one's own perceived faults, shortcomings, inadequacies, or failures

  EXAMPLE: A woman who feels incompetent to complete an assigned task expresses doubts about the competence of co-workers.

- **Displacement** — Transference of emotions from the original object, situation, or idea to another, usually more acceptable, object, situation, or idea

  EXAMPLE: A man who feels angry at his wife for working outside the home will yell at his children for not keeping their rooms clean.

- **Reaction formation** — The development of conscious attitudes and behavior patterns that are opposite to one's real feelings and desires

  EXAMPLE: A married man who is attracted to one of his wife's best friends is very rude to the friend.

OBJECTIVE 6

Determine stages of the grieving process.

When people have a major loss in their lives, they typically go through various stages in the process of accepting the loss. The loss may be a loved one, their health, or a part of their body. The intensity of the grief will be related to the attachment they had for the lost person or object. However, there are many cultural, age specific, and individual aspects that will affect the intensity of the grief process. Five stages have been identified by Elizabeth Kubler-Ross in her extensive research on grief.

- **Denial** — At this stage, the loss has not yet sunk in and is likely to be ignored and not acknowledged. A person may appear to be functioning fine but may be disregarding the actuality of the loss.

- **Anger** — During this stage, people express a great deal of anger at themselves, significant others, members of the health care community, and at life in general. Resentment may also be expressed regarding the unfairness of the situation (i.e. that I have lost this coveted person or object and others haven't). This anger is typically expressed in a very hostile, aggressive, and personal way but should not be taken personally by the health care professional.

- **Bargaining** — In this stage people attempt to "make a deal" in order to re-acquire the lost person or object or to lessen the severity of the loss. They may attempt to bargain with themselves, doctors, or their deity.

- **Depression** — In this stage, the loss is accepted and the active denial, anger, and bargaining ceases. However, with the initial acceptance comes despair. People experience all of the implications of the loss, such as depression, withdrawal, and intense loneliness.

- **Acceptance** — The final stage is when people recognize that they must move forward in their lives. They must resume their normal activities or initiate new activities. They must reestablish relationships or develop new ones.

OBJECTIVE 7

Select normal reactions to illness and disability.

When people have a disability or an illness, they go through a similar process as when dealing with grief. In fact, they may feel a sense of loss during the duration of the illness or disability; loss of health, loss of mobility, loss of abilities, etc.

They typically go through a period of numbness or denial, when they do not want to accept the reality of their disability or illness. They may continue to try to function at their previous level or may deny the reality of their loss.

Next, victims of a disability or illness will experience a time of intense anger, frustration, and anxiety. They become mindful of the illness or disability, but do not want to accept the limitations placed on them. They may attempt to bargain with themselves, doctors, or their deity in order to get "a better deal".

Eventually, they become aware of the totality of their situation and may suffer a period of sadness or depression.

Finally, they accept the illness or disability and restructure their thoughts, expectations, and goals to include the new situation. In the case of minor illness, these stages may occur very rapidly and the final restructuring may be easily reached. For some people, this restructuring may be only temporary, such as, "I will not be able to play golf this one week."

OBJECTIVE 8

Distinguish between the assessment data that indicates sensory deprivation and overstimulation.

People attend to stimuli in varying degrees. In the same environment and circumstances, one person will be aware of or react to more stimuli than another person. We each seek an *optimum stimulation level*: neither too much nor too little stimulation. Most of us can maintain a range close to our optimum levels.

Some people, however, are unable to reach an optimal stimulation level. Patients may experience non-optimal levels as sensory deprivation or as overstimulation.

Sensory deprivation can occur because

- Confinement may reduce the amount of sensory input from levels the person used to experience.
- Sensory organs may be deteriorating, especially in elderly people.

Overstimulation can occur because sensory organs become hypersensitive when nerves are abnormally susceptible to stimuli. The patient is bombarded by constant, unceasing signals from noises, movement, color, smells, etc.

Assessment data that indicates sensory deprivation

- Desire for noise, touch, light, and smells
- Stimulus-seeking behavior
- Restlessness
- Display of constant random movements
- Emotional disturbances
- Boredom
- Inability to think systematically
- Inability to concentrate
- Hallucinations

Assessment data that indicates overstimulation

- Desire for quiet, dark, environments
- Easily surprised or startled
- Disorganization of ongoing activities
- Slowing of speech patterns
- Blocking of speech
- Facial contortions
- Slurring of sounds
- Fear
- Rage

OBJECTIVE 9

Discuss the stigma of mental illness.

Mental illness is one of the most stigmatized conditions in modern society. Although most mental and emotional problems go unrecognized by the general public, when a person is labeled as "mentally ill", an assortment of negative consequences follow. Those who stigmatize the mentally ill are fearful of this group or believe their illness is due to the patient/client's inability to manage their own affairs.

From the moment a stigma is applied to an individual, the person is defined in terms of the stigma. For people with mental or emotional problems, the consequences of being "mentally ill" are enormous.

The person is often:

- Rejected from mainstream society
- Socially isolated from mainstream society
- Treated with fear by mainstream society
- Treated as unpredictable
- Treated as dangerous
- Faced with a reduction in available options
- Confronted with society's doubts about his or her basic humanness

OBJECTIVE 10

Distinguish between mental illness myths and facts.

Some of the myths about mental illness are discussed below.

- **Mental illness is always bizarre.** The portrait painted by the mass media and the continuing perception of the general public is that an individual with a mental illness will commit bizarre acts. Examples of such behavior, such as dressing, acting, and talking like President Lincoln in the belief that one is President Lincoln, are extremely rare. While some forms of mental illness do result in bizarre behavior, most individuals with mental or emotional problems act quite normally and rationally and the problems they suffer go unnoticed by the vast majority of those they interact with.

- **Individuals suffering from mental illness, either presently or in the past, are unstable and dangerous.** Movies, such as *Halloween* and *Psycho*, have displayed victims of mental illness as dangerous killers who are unpredictable and uncontrollable. Many of the news reports regarding the violence associated with the mentally ill are extreme cases involving murder, sexual assault, or other striking deviations from normal behavior. These stories do not speak of the millions of individuals with past and present mental and emotional problems who are not dangerous. While a very small group of patients do have a history of violent behavior, most people with mental or emotional problems have no history of violence and are not a threat to others. Those with a history of violence are more likely to be a threat to themselves than to others.

- **Mentally ill people can be identified just by looking at them.** Many people believe "I can spot someone who is mentally ill just by looking at them." However, individuals with mental or emotional problems do not have "Mental Illness" written across their foreheads. Furthermore, they work typical jobs, have typical friends, live in typical neighborhoods, attend typical churches, and are indistinguishable from others in the community.

- **"Normal" and "Abnormal" behaviors are distinctive from each other.** There is no sharp dividing line between what is normal behavior and abnormal behavior. In reality, behavior can be thought of as existing on a continuum that ranges from normal, or typical, behavior to abnormal behavior. Most people are fairly well adjusted and behave, for the most part, in socially approved ways. However, most people also have some areas where they act in ways that tend to be atypical. Some people have more atypical behavior and some have less. The difference between someone who suffers from major chronic depression and the person who shows natural depression after a breakup with a romantic partner is only a matter of degree.

- **Suffering mental or emotional problems is something to be ashamed of.** Some clients who suffer mental or emotional problems feel ashamed, guilty, inadequate, and inferior. They believe they are less human because of their emotional problems. The general public promotes this idea as well by discouraging people in need from seeking professional help and by ridiculing or belittling people who do get help. However, no one is ridiculed for seeking professional help for physical problems, such as diabetes or high blood pressure.

- **Mental illness can be transmitted if one is around the mentally ill too much.** Mental illness can not be transmitted in the same sense that some physical diseases can. You can not become depressed by shaking hands or breathing the same air as someone who is depressed.

Certain mental or emotional problems do appear to have a genetic or biological component to them, but are not contagious. Even with these problems, both biological and environmental factors appear to be needed for the disorders to manifest.

OBJECTIVE 11

Select from a list members of the mental health team.

Members of a mental health team work together to address issues involving mental health and mental illness. Usually the team will meet as a group to plan the mental health interventions for the client or patient. Each member of the team addresses different aspects of a client's treatment.

NOTE: Each facility may have a different and unique composition of members on the mental health team. The instructor or director of the clinical rotation should provide information regarding the composition of the mental health team at the local facility(ies).

The members of a mental health team may include:

- Psychiatrist
- Psychologist
- Psychiatric Social Worker
- Community Counselor (Mental Health Specialist)
- Human Relations Counselor
- Psychiatric Nurse
- Psychiatric Technician (Psychiatric Aide/Mental Health
- Technician/Psychiatric Counselor)
- Activity Therapist (includes art, music, occupational, recreational, and play therapists)
- Patient/Client
- Family of Patient/Client

NOTE: Other professionals may be involved in the treatment on an as-needed basis. These other professionals include such individuals as physical therapists, nutritionists, teachers, etc.

OBJECTIVE 12

Describe the roles of various members of the mental health team.

- **Psychiatrist** — A physician who has a medical degree plus additional, specialized training in the identification and treatment of mental disorders. Many psychiatrists are involved in pharmacological therapy and prescribe medications for someone suffering mental or emotional distress. Psychiatrists may also use psychotherapy or other methods of treatment.

- **Psychologist** — A therapist who has a doctoral degree in psychology and has had specialized training in the identification and treatment of mental disorders. They usually have had training in evaluative techniques and can conduct and interpret psychological tests. They usually use some form of psychotherapy in the treatment process.

- **Psychiatric Social Worker** — A therapist who has had education and training in social casework (usually two years beyond the bachelors degree) and has had specialized training and supervised experience in mental health clinics and/or hospital settings. Some psychiatric social workers conduct counseling, and most are involved in planning the client's or patient's reintegration with outside persons, situations, or environments.

- **Community Counselor (Mental Health Specialist)** — A counselor who has had education and training in mental health or counseling (usually two years beyond the bachelors degree) and has had specialized training and supervised experience in mental health clinics and/or hospital settings. Many community counselors conduct counseling, while some are involved in testing and assessment of mental or emotional problems. Many community counselors are employed in community clinic settings and may not be working directly for a hospital.

- **Human Relations Counselor** — A counselor who has had education and training in dealing with mental or emotional problems (usually two years beyond the bachelors degree). Their training and practice may be in a variety of fields including marriage and family counseling, pastoral counseling, alcohol and drug abuse assessment and counseling, community counseling and/or general assessment of mental or emotional problems.

- **Psychiatric Nurse** — A licensed nurse who has had education and training in dealing with mental or emotional problems. Psychiatric nurses work with and may coordinate the efforts of the mental health team. They are involved in planning patient treatment and assessing patient progress through the treatment program. They provide nursing care and help create a safe environment in which clients/patients can address their mental or emotional problems.

- **Psychiatric Technician (Psychiatric Aide/Mental Health Technician/Psychiatric Counselor)** — An aide or assistant who may have had specialized training, education, or experience in working with individuals with mental or emotional problems. While some psychiatric technicians have bachelor degrees, many have a high school education or an associate degree. They assist the nursing staff, help in assessing patients progress through the treatment program, and aid in providing a safe environment in which the clients/patients can address their mental or emotional problems.

- **Activity Therapist** — A therapist who has specialized training in the application of certain activities for the identification, assessment and treatment of mental or emotional problems. Art therapists use drawing, painting, and similar activities; music therapists use musical activities; occupational therapists use work-like activities and activities of daily living; recreational therapists use sports, games, and entertaining activities; and play therapists use playful activities (usually with younger children). The therapists use these activities to help identify aspects of emotional disorders, assess the patients' progress, assist clients/patients to work through emotional issues, and plan discharge activities.

- **Patient/Client** — The person who is suffering the mental or emotional problem. The client's role on the team is to help the other members in identifying the problem. Additionally, he or she works with the rest of the team in developing an appropriate method of treatment, has the responsibility of following the treatment plan to the best of his or her ability, and attempts to improve his or her condition.

OBJECTIVE 13

Discuss the role of the family in the care of the mental health patient/client.

When a person suffers from a mental or emotional problem, it can have a major impact on the family. Mental or emotional problems may generate considerable changes in household routines. The person suffering the problem may need more supervision and family members may be obligated to rearrange their work and leisure schedules. With the onset of mental or emotional problems, family members may find they have less control over their time and activities. There may be increased stress at home, increased disagreements, and changes in the relationships between nonpatient family members. If others in the community are aware of the problems, the family as a whole may find they are victims of stigmatization and their social status may suffer.

Role of family members in the care of the mental health patient/client

Family members can have a powerful impact upon the care of mental health patient/clients. They can facilitate this care at four major points in the illness.

- Facilitate the recognition of the mental or emotional problem.
- Influencing the individual to seek help.
- Facilitate patient/client adjustment during treatment.
- Facilitate patient/client adjustment after treatment is completed.

Specific suggestions for family members include:

- Accept the patient/client.
- Provide positive communication with the patient/client.
- Work with the patient and professionals in identifying problem behaviors and their maintaining conditions.
- Assist patient and professionals in developing workable plans for treatment and discharge.
- Learn conflict resolution skills and if disagreements are prominent, decrease them.
- Be willing to explore family interaction patterns.
- Accept the changes in household routines.

THE HISTORY OF MENTAL HEALTH

Much of modern Western mental health can be traced back to Socrates, Plato, Aristotle, and other Greek philosophers. Many "modern" ideas had their beginnings in the writings of these ancient philosophers. For example, Plato believed the brain was the seat of reason rather than the heart (as did many of his contemporaries). Over the next 2000 years advances in anatomy and physiology had a great impact on modern mental health. Information regarding sensory stimulation, brain functioning, and perception allowed us to learn much regarding human behavior and mental processes.

Wilhelm Wundt (pronounced Vilhelm Vundt) opened an institute of psychology in 1879. Although this was not the first such institute, it had the greatest impact and is considered the beginning of psychology. Wundt was instrumental in constructing psychology as a science, which lead to the application of the scientific method for understanding behavior and mental processes.

Over the next 70 years, 3 main theories in psychology became dominant: psychoanalysis, behaviorism, and humanism. Each of these theories attempts to explain how humans function. However, in many respects they are mutually exclusive. Psychoanalysis believes that people think and behave as a function of psychological conflict among the 3 aspects of mind (called id, ego, and superego). Behaviorists believe people think and behave as a function of reinforcement (rewards and punishments). Humanists believe that people think and behave as a function of their own decisions based on their needs, desires, goals, and potential. Humanism states that people will grow, improve, and take control of their lives.

Before the outbreak of World War II, psychology had been almost exclusively a scientific pursuit. In the late 1930's there was a major push to apply the principles of psychology to various situations in an attempt to predict how well people would function. Knowledge gained from research was used to help those who were having difficulty adjusting.

In the late 1950's and early 1960's a movement began to de-institutionalize many of the people with mental and emotional problems. About this time, the first medications that help mental and emotional problems were discovered. This allowed many patients to function outside of the hospital setting. This also lead to the need for more community-based professionals and increased outpatient care.

In all three major theories of psychology, the individual is the primary focus. Some professionals, psychologists, psychiatrists, communication specialists, social workers, and others, began to believe that the individual should not be the focus of attention. Rather, their behaviors and difficulties occur within a system of other people, situations, and behaviors. This is the basis for systemic theory, a modern movement in marital and family therapy.

Today, there are a wide variety of professionals as well as a wide variety of facilities to serve the mental health needs of individuals, couples, families, and groups. Each profession has its own unique strengths and weaknesses, but each has the ultimate goal of helping individuals and society adjust and function in a more effective and gratifying manner.

ASSIGNMENT SHEET 1

UTILIZE BASIC PRINCIPLES OF MENTAL HEALTH

NAME ____________________ SCORE ________

OBJECTIVE 14 **Apply basic principles of mental health.**

INTRODUCTION

At times, the first person to have contact with someone in the midst of a crisis will be a nurse. A crisis demands that the nurse obtain a timely assessment, ask pertinent questions, rapidly assess patient/client functioning and needs, and plan a course of action for the immediate future. The nurse must also strive to include the patient/client and appropriate significant others in this assessment and planning as much as possible.

When interviewing a crisis survivor, there are some specific features to determine. These include specific behaviors displayed, present reaction to the crisis event, the current coping style, relationship to family members, and the need for consultation from a member of the mental health staff.

DIRECTIONS

Using the scenario below, answer the questions and discuss your assessments in the blanks provided.

Scenario

Bill was brought to the emergency room after being involved in an automobile accident. He will have a complete physical assessment even though he doesn't seem to be physically hurt. The paramedics completed a preliminary exam with negative results. It is known that there was another car in the accident and that the driver of the other car was killed. Bill was found wandering around both cars when the police arrived. Bill now looks rather dazed. He is being led in by the paramedics and seems to be following rather doggedly. He will answer questions, but doesn't seem to initiate any conversation.

1. How would you address Bill? (Include *specific* statements and questions and the goals of your communication.)

In your conversation you find that Bill is new to the community. He moved here from Minnesota about a month ago after his divorce was final. He had only been married about 3 months. He has moved approximately 7 times in the last 5 years and has no children. He is 27 years old and of average build and height. He claims to be a loner and says he has never had many friends. His parents both died in an automobile accident when he was about 18. He has an older sister and two younger brothers, but has had very little contact with any of his family since his parents died. He says "My sister took over the running of the household when my parents died. I left." He says this with his teeth gritted. When asked to describe the relationship between himself and his sister, he at first refuses to say anything; but eventually says that his sister is very power hungry. He couldn't stand her making all his decisions, so he left home before he was ready to be on his own. "Because of her I've had a rough life. This accident is another way she screwed me up." His fists are clenched and he is softly pounding on the bed as he says this. You notice his knuckles have many scabs on them. When you ask, Bill quickly states that he cut his knuckles grating cheese.

When asked about the accident, he says the other driver ran a stop sign on the highway and hit him broadside. "It was a pretty nasty accident. I'm glad I had on my seatbelt. I hope the other driver will be OK." He says he really can't remember any of the details, but says he is fearful the police will try to place the blame on him. He says he would like to get his car fixed in a couple of days since he needs it to get to work.

Please discuss your assessment of the following:

2. Pertinent specific and adaptive behaviors.

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3. Present reaction to the crisis event.

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4. Overall mental health and current coping style.

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5. Present relationship to family members and their ability to help.

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____

6. Present need for assistance from a mental health staff.

UTILIZE BASIC PRINCIPLES OF MENTAL HEALTH

ASSIGNMENT SHEET 1

1. Statements and questions should reflect an acceptance and interest in Bill and show compassion and caring. They should show empathy for Bill and reflect an attempt to develop a trusting relationship. They should avoid any inconsistencies and indicate the development of a feedback loop. They should show an active participation between the nurse and Bill and allow Bill to express his feelings. Questions should be open ended as much as possible.

2. - Dazed look
   - Found wandering around the cars
   - Dogged following the paramedic
   - Divorce after 3 months (quickly leaves unpleasant situations)
   - Numerous moves
   - Loner (avoidance of close personal relationships)
   - Little contact with family
   - Gritted teeth while talking about sister
   - Clenched and pounding fists
   - Can't remember details
   - Wanting to get car fixed "in a couple of days"
   - Distrust of police

3. Indicates that Bill is presently in a period of numbness or denial and has not accepted the seriousness of the accident.

4. Bill displays some lack of adjustment in overall mental health and currently is likely to be using the coping mechanisms of denial, aggression, suppression, and projection.

5. Student should discuss Bill's lack of relationship with family and their inability to help him recognize any mental or emotional problems, influence him to seek help, or facilitate his adjustment during and after treatment.

6. Student should discuss the need for a consultation with any of the individuals who can conduct emergency assessments and/or psychotherapy and counseling. If Bill is not going to remain in the hospital, contacting a community counselor is especially recommended.

WRITTEN TEST

UTILIZE BASIC PRINCIPLES OF MENTAL HEALTH

I

NAME ______________________________ SCORE ________

OBJECTIVE 1

Match terms associated with basic mental health to their correct definitions. Write the correct letters in the blanks.

______1. A negative characterization of someone or something with attributes that are perceived to be disgraceful, discrediting, or noxious

______2. A deterioration in functioning in all areas of one's life from a previously adequate level of functioning

______3. An emotion of sorrow, sadness, or anguish usually related to the death or loss of someone or something that was much loved, respected, and/or highly regarded

______4. An emotional condition characterized by extreme sadness, gloom, feelings of worthlessness, and loss of hope

______5. Delusion characterized by extreme suspiciousness that, in severe cases, are illogical and absurd

______6. Disorders that have physical manifestations but have identifiable emotional causes

______7. Emotional reactions associated with an experience, including inner feelings and their external manifestations

a. Acting out
b. Affect
c. Anxiety
d. Catatonia
e. Coping
f. Decompensation
g. Defense mechanisms
h. Delusion
i. Dementia
j. Depression
k. Flight of ideas
l. Grief
m. Hallucination
n. Mental health
o. Overstimulation
p. Paranoia
q. Personality
r. Psychosis
s. Psychosomatic
t. Psychotherapy
u. Sensory deprivation
v. Stigma

OBJECTIVE 2

Select from a list the characteristics of mental wellness. Write an "X" in the blank before characteristics of mental wellness.

______1. Adjustment

______2. Creativity

______3. Dogmatism

______4. Maturity

______5. Objectivity

______6. Versatility

OBJECTIVE 3

Distinguish between adaptive and maladaptive behaviors. Write an "A" in the blanks before adaptive behaviors and an "M" in the blanks before maladaptive behaviors. (Questions continued on next page)

______1. Ability to interact with others

______2. Abounding anxiety

______3. Consistency

______4. Avoidance of close interpersonal relationships

______5. Awareness of one's effect on others

______6. Withdrawal

______7. Compassion for others

______8. Concern for others

______9. Constructiveness

_____10. Creation and exploitation of dependency in others

_____11. Dependability

_____12. Distrustfulness of others

_____13. Feelings of self-righteous indignation

_____14. Genuine interest in others

_____15. Inability to deal with stress

_____16. Inclination to abandon projects in the face of frustration and adversity

_____17. Over-dependence on others

_____18. Productivity

_____19. Manipulation of others for personal gain

_____20. Reasonable understanding of oneself

_____21. Sabotage of others' work

_____22. Self-defeating behavior

OBJECTIVE 4

Match coping mechanisms with their correct descriptions. Write the correct letter in the blanks.

_______1. A variety of techniques and exercises that allow one to manage stress by easing the body and controlling the consciousness

_______2. A violent act intended to reduce the anxiety or the unpleasantness without changing the situation

_______3. An activity in which the primary purpose is pleasure. This type of activity tends to produce a positive outcome when dealing with stressful situations

_______4. Development of beliefs or personality traits as a means of making up for various perceived inadequacies

_______5. Eliminating the source of the anxiety or extracting ourselves from the situation causing the anxiety

_______6. Physical activity that works muscles and uses energy

_______7. Process by which an emotional conflict is expressed as a physical problem

_______8. Refusing to recognize and accept the reality of the thoughts, feelings, or actions of oneself or other significant others

a. Aggression
b. Compensation
c. Conversion
d. Denial
e. Displacement
f. Drug abuse
g. Exercise
h. Hobby
i. Identification
j. Projection
k. Rationalization
l. Reaction formation
m. Regression
n. Relaxation
o. Repression
p. Stress removal
q. Sublimation
r. Suppression
s. Withdrawal

OBJECTIVE 5 **Match defense mechanisms with their correct descriptions.** Write the correct letters in the blanks.

_______1. Channeling of strong and socially unacceptable affect and behaviors into a form that is accepted by society

_______2. Conscious method of finding a logical excuse or reason for things one wants to do or a reason for not doing what one doesn't want to do

_______3. Retreat from the present pattern of behavior to previous levels of behavior that appear more comfortable or safer to the individual

_______4. The development of conscious attitudes and behavior patterns that are opposite to what one really feels or would like to do

_______5. Consciously pushing unwelcome ideas, memories, or feelings back into the subconscious mind; they are accessible when one wishes to remember them

_______6. Transference of emotions from original object, situation, or idea to another, usually more acceptable, object, situation, or idea

_______7. Unconscious exclusion from awareness of unbearable ideas, experiences, and impulses by forcing them down into the unconscious; sometimes this material may emerge in the form of hallucinations or dreams

a. Aggression
b. Compensation
c. Conversion
d. Denial
e. Displacement
f. Drug abuse
g. Exercise
h. Hobby
i. Identification
j. Projection
k. Rationalization
l. Reaction formation
m. Regression
n. Relaxation
o. Repression
p. Stress removal
q. Sublimation
r. Suppression
s. Withdrawal

OBJECTIVE 6

Determine stages of the grieving process. Write the correct letters in the blanks. (Questions continued on next page)

_______1. Mitzi has been a quadriplegic for about a year. She is still mourning her condition. She believes she will have to change her vocational plans and has contacted a vocational counselor. She is also attempting to acquire some special equipment so she can function more independently. She is beginning to make new friends. What stage of the grieving process is Mitzi in?

a. Denial
b. Bargaining
c. Acceptance
d. Anger

_______2. Sue has lost her mother recently. She appears to be functioning fine and is continuing to work and perform her normal activities. She hasn't discussed her loss with anyone yet and doesn't seem to be mindful of her mother's death. What stage of the grieving process is Sue in?

a. Depression
b. Denial
c. Bargaining
d. Anger

_______3. Terry's child died in a swimming accident. He is unable to function at work and spends most of his day crying. He is deeply dejected by the loss of his child. What stage of the grieving process is Terry in?

a. Depression
b. Denial
c. Anger
d. Acceptance

_______4. Wang has been divorced for several months. He has been attempting to get back together with his former spouse. He contacts her repeatedly and proposes reconciliation regularly. At times he will wake up in the morning and call out to her before he remembers he is divorced. What stage of the grieving process is Wang in?

a. Acceptance
b. Denial
c. Depression
d. Bargaining

______5. Anne's mother recently died of cancer. She accuses the physicians of not treating the cancer vigorously enough. Her husband believes the treatment was appropriate, and they have been fighting about it regularly. What stage of the grieving process is Anne in?

a. Anger
b. Acceptance
c. Bargaining
d. Depression

OBJECTIVE 7 **Select normal reactions to illness and disability.** Write the correct letters in the blanks.

______1. When a person has begun to accept the illness but not its limitations, how is he or she likely to react?

a. With anger
b. With anticipation
c. With denial
d. With feelings of worthlessness

______2. When people begin to accept their illnesses and restructure their lives based on the illness, what reaction are they expressing?

a. Acceptance
b. Anger
c. Delusion
d. Resentment

______3. In the beginning stages of physical illness, a common initial reaction is....

a. Tension
b. Frustration
c. Depression
d. Denial

______4. When people begin to accept their illnesses and limitations, a common initial reaction is....

a. Acceptance
b. Anxiety
c. Depression
d. Hyperactivity

OBJECTIVE 8

Distinguish between the assessment data that indicates sensory deprivation and overstimulation. Write an "S" in the blanks before characteristics of sensory deprivation. Write an "O" in the blanks before characteristics of overstimulation.

______1. Blocking of speech

______2. Boredom

______3. Desire for noise, touch, light, smells

______4. Desire for quiet, dark, environments

______5. Disorganization of ongoing activities

______6. Displaying constant, random movements

______7. Easily surprised or startled

______8. Emotional disturbances

______9. Facial contortions

______10. Fear

______11. Hallucinations

______12. Inability to concentrate

______13. Inability to think systematically

______14. Rage

______15. Restlessness

______16. Slowing of speech patterns

______17. Slurring of sounds

______18. Stimulus-seeking behavior

OBJECTIVE 9

Discuss the stigma of mental illness. Include reasons people stigmatize and the consequences of being labeled "mentally ill".

____

____

____

____

____

____

____

____

OBJECTIVE 10

Distinguish between mental illness myths and facts. Write an "M" in the blank before myths and an "F" in the blank before facts regarding mental illness.

______1. Both environmental and biological factors are involved in mental and emotional problems.

______2. Mental illness can be transmitted through sharing the same glass.

______3. Most mental and emotional problems go unnoticed by the general public.

______4. Most people suffering mental and emotional problems commit bizarre acts.

______5. Most people suffering mental and emotional problems are unstable and dangerous.

______6. Most people suffering mental and emotional problems hold jobs.

______7. Suffering mental illness is shameful.

______8. The mass media typically depicts extreme cases when showing the mentally ill.

______9. There is a clear, qualitative difference between normal and abnormal behavior.

______10. Those suffering mental and emotional problems are easily identified.

OBJECTIVE 11

Select from a list members of the mental health team. Write an "X" in the blanks before individuals most likely to be on a mental health team.

______1. Community counselor

______2. Nurses aid

______3. Respiratory therapist

______4. Surgeon

______5. Laboratory technician

______6. OB/GYN physician

______7. Occupational therapist

______8. Phlebotomist

______9. X-ray Specialist

_____10. Psychologist

_____11. Physical therapist

_____12. Pharmacist

OBJECTIVE 12

Describe the roles of various members of the mental health team. Describe the role performed by each of the following. (Questions continued on next page)

1. Psychiatrist ____

   ____

   ____

2. Psychiatric Social Worker ____

   ____

   ____

3. Psychiatric Nurse ____

   ____

   ____

4. Psychiatric Technician ______________________

____

____

5. Patient/Client ______________________

____

____

OBJECTIVE 13

Discuss the role of the family in the care of the mental health patient/client. Include the areas where family members can have an impact and state specific suggestions for family members.

NOTICE The following assignment sheet is not part of the written test. If this activity has not been completed, check with your instructor.

OBJECTIVE 14 **Apply basic principles of mental health.** SCORE ______

WRITTEN TEST ANSWERS

UTILIZE BASIC PRINCIPLES OF MENTAL HEALTH

OBJECTIVE 1

1. v
2. f
3. l
4. j
5. p
6. s
7. b

OBJECTIVE 2

1, 4, 6

OBJECTIVE 3

1. A
2. M
3. A
4. M
5. A
6. M
7. A
8. A
9. A
10. M
11. A
12. M
13. M
14. A
15. M
16. M
17. M
18. A
19. M
20. A
21. M
22. M

OBJECTIVE 4

1. n
2. a
3. h
4. b
5. p
6. g
7. c
8. d

OBJECTIVE 5

1. q
2. k
3. m
4. l
5. r
6. e
7. o

OBJECTIVE 6

1. c
2. b
3. a
4. d
5. a

OBJECTIVE 7

1. a
2. a
3. d
4. c

OBJECTIVE 8

1. O
2. S
3. S
4. O
5. O
6. S
7. O
8. S
9. O
10. O
11. S
12. S
13. S
14. O
15. S
16. O
17. O
18. S

OBJECTIVE 9

Reasons

- People are fearful
- People believe they are unable to manage their own affairs.

Consequences

- Social rejection and isolation
- Being treated with fear
- Being treated as unpredictable.
- Being treated as dangerous.
- Facing a reduction in the options available.
- Confronted with society's questioning of one's basic humanness.

OBJECTIVE 10

1. F
2. M
3. F
4. M
5. M
6. F
7. M
8. F
9. M
10. M

OBJECTIVE 11

1, 7, 10

OBJECTIVE 12

1. Psychiatrist
   - Involved in pharmacological therapy
   - Prescribes medications
   - May also use psychotherapy
   - May use other methods of treatment

2. Psychiatric Social Worker
   - Conducts counseling
   - Plans client's or patient's reintegration with outside persons, situations, or environments

3. Psychiatric Nurse
    - May coordinate the efforts of the mental health team
    - Works with other professional staff in planning patient treatment
    - Works with other professional staff in assessing patients progress
    - Provides a safe environment
    - Provides nursing care

4. Psychiatric Technician
    - Assists the nursing staff
    - Assesses patient's progress
    - Provides a safe environment

5. Patient/Client
    - Helps the other members in identifying the problem
    - Works to develop an appropriate method of treatment
    - Follows the treatment plan to the best of his or her ability
    - Attempts to improve his or her condition

OBJECTIVE 13 Can have impact in:

- Facilitating recognition of the mental or emotional problem
- Influencing the individual to seek help
- Facilitating patient/client adjustment during treatment
- Facilitating patient/client adjustment after completion of treatment

Specific suggestions:

- Accept the patient/client.
- Provide positive communication with the patient/client.
- Work with patient and professionals in identifying problem behaviors and their maintaining conditions.
- Assist patient and professionals in developing workable plans for treatment and for discharge.
- Learn conflict resolution skills and if disagreements are prominent, decrease them.
- Be willing to explore family interaction patterns.
- Adapt to changes in household routines.

OBJECTIVE 14 Refer to answers to Assignment Sheet 1.

OBJECTIVE SHEET

APPLY INFORMATION ABOUT CRISIS INTERVENTION

II

INTRODUCTION

Crisis are common in many settings where nurses work, and a nurse must be prepared to handle them. People experiencing a crisis can react very intensely and may be unable to think clearly. They may act irrationally and behave in ways that are harmful to themselves or others. Prompt intervention at the first possible chance can have a powerful impact on the resolution of the crisis.

Learning the components and assessment data that indicates crisis situations will allow nurses to do more effective analysis and identify crisis situations. It will also help in planning intervention strategies. Knowing the unique aspects of crises will promote more effective evaluation to resolve them.

UNIT OBJECTIVE

After completing this unit, the student should be able to recognize the basic assessment data that indicates crisis situations and develop a plan for addressing these situations. The student will show these competencies by completing the assignment sheets and written test with a minimum of 85 percent accuracy.

PREREQUISITES

Before studying this unit, the student should have successfully completed Unit I, *Utilize Basic Principles of Mental Health.*

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match terms associated with crisis intervention to their correct definitions.
2. Select from a list the characteristics of a crisis.
3. Discuss the three elements required for a crisis.
4. Select from a list assessment data that indicate a person is experiencing a crisis.
5. Select from a list personal characteristics that enhance effective crisis resolution.
6. Discuss the considerations for crisis resolution involving children.
7. Choose phases of therapeutic communication.

8. State in order the phases of a crisis.
9. List the components of crisis assessment.
10. Discuss the goals of crisis intervention.
11. Select from a list true statements about techniques for effective therapeutic communication.
12. Distinguish between characteristic behavior of abusers and victims of abuse.
13. List intervention strategies for dealing with abuse victims.
14. State in order the steps of crisis intervention.
15. Assess the risk of a potential crisis. (Assignment Sheet 1)
16. Assess a family or group of significant others during a crisis. (Assignment Sheet 2)
17. Use crisis intervention techniques with the nursing process. (Assignment Sheet 3)

SUGGESTED ACTIVITIES

APPLY INFORMATION ABOUT CRISIS INTERVENTION

PREPARATION

- Order films that will be used to supplement unit.
- Develop answers and questions for the Jeopardy-style game.
- Contact guest speakers and arrange for their presentations to the class: a hotline crisis worker, police officer, psychiatric nurse, Red Cross representative.

  NOTE: Be sure to provide the specific topics of discussion to the guest speakers. After final confirmation has been received, be sure to call them one or two days before the scheduled day and reconfirm their participation.

- HOSA Integration:
  - — assist student to conduct a chapter service project on crisis intervention.
  - — develop objectives for service project and identify a theme.
  - — create a poster according to Extemporaneous Health Display rules—display in highly visible areas.
  - — plan community or school health project that involves disseminating pamphlets about crisis intervention.

DELIVERY

Discuss unit objectives

Objective 1

- Discuss the terms associated with crisis intervention.
- Have the class play a Jeopardy-style question game.

Objectives 3 through 6

- Discuss the characteristics of crises.
- Have small group discussions regarding student's own experiences with crises.
- Have an emergency room worker speak to the class regarding typical crisis situations and reactions in hospital settings.
- Show *The Person in Crisis*.

Objective 7

- Discuss the phases of therapeutic communication.

Objective 8

- Discuss the phases of crises.
- Have students play patients in the various phases of crisis.

Objective 9

- Discuss the components of crisis assessment.
- Have a hotline crisis worker speak to the class regarding crisis assessment.

Objective 10

- Discuss the goals of crisis intervention.
- Have a police officer speak to the class regarding the goals of crisis intervention.

Objective 11

- Discuss communication techniques.
- Have students role play a session and observe effective and in-effective techniques.

Objective 12

- Discuss the characteristics of abusive behaviors.

Objective 13

- Discuss intervention strategies for dealing with victims of abusive behavior.
- Have a representative of a Domestic Violence shelter speak to the class regarding intervention in domestic violence.
- Show *Violent Behavior.*

Objective 14

- Discuss the steps of crisis intervention.

APPLICATION

Objective 15

- Discuss various types of potential crisis situations that may be faced by an LPN.
- Discuss Assignment Sheet 1.
- Complete Assignment Sheet 1.

Objective 16

- Discuss the types of situations whereby whole families may be in crisis.
- Have a Psychiatric Nurse speak to the class about answering crisis phone calls.
- Have students role play answering a crisis phone call.
- Have someone from the Red Cross speak to the class about community disasters.
- Discuss Assignment Sheet 2.
- Complete Assignment Sheet 2.

Objective 17

- Discuss the nursing process as it relates to crisis intervention.
- Discuss Assignment Sheet 3.
- Complete Assignment Sheet 3.

EVALUATION

Pretest

- Pretest qualifying students.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Written Test

- Explain to class members that they will be asked to demonstrate on the written test the actions listed in the specific objectives.

- Give written test.

- Evaluate students on assignment sheet activities if not previously done.

- Reteach and retest if necessary.

- Complete appropriate sections of competency profile.

- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Audiovisual Materials

- *The Person in Crisis.* Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.

- *Violent Behavior.* Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.

Publications

- Burgess, Ann Wolbert and Lynda Lytel Holmstrom. *Rape: Crisis and Recovery.* Robert J. Brady, Bowie, Maryland, 1979.

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- Hall, Joanne E. and Barbara R. Weaver (eds.). *Nursing of Families in Crisis.* J.B. Lippincott, Philadelphia, 1974.

- Losee, Nancy, Iris A. Parham, Stephen Auerbach, Jodi L. Teitelman. *Crisis Intervention With the Elderly: Theory, Practical Issues, and Training Procedures.* Charles C. Thomas, Springfield, 1988.

- Saunders, Susan, Ann M. Anderson, Cynthia Allen Hart, and Gerald M. Rubenstein (eds.). *Violent Individuals and Families.* Charles C. Thomas, Springfield, Illinois, 1984.

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- Walker, Lenore E. *The Battered Woman.* Harper & Row, New York, 1979.
- Wicks, Robert J., Jeffrey A. Fine, Jerome J. Platt (eds.). *Crisis Intervention: A Practical, Clinical Guide.* Charles B. Slack 1978.

PRETEST ANSWERS

APPLY INFORMATION ABOUT CRISIS INTERVENTION

II

OBJECTIVE 1

1. i
2. o
3. b
4. n
5. a
6. j
7. h

OBJECTIVE 2

3, 4, 6

OBJECTIVE 3

Answers will vary but should include a discussion of

- An unstable or unstabling event or situation
- Vulnerability
- A precipitating event

OBJECTIVE 4

1, 4, 5, 7, 9

OBJECTIVE 5

2, 3, 5, 6, 8, 9, 10

OBJECTIVE 6

Answers will vary but should include

- Children have different coping mechanisms.
- Children have fewer coping mechanisms.
- Children have shorter attention spans.
- Children deal with crises more indirectly.
- Children need the truth.
- Don't take the children's reactions personally.

OBJECTIVE 7

1. c
2. b
3. a

OBJECTIVE 8

1. Beginning phase
2. Conventional coping phase
3. Adaptive coping phase
4. Active crisis phase

OBJECTIVE 9

- Identify who is in a crisis.
- Assess what their normal behavior is.
- Help the patient/client assess the situation realistically.
- Help the patient/client become aware of their feelings.
- Identify sources of support.
- Analyze the data and separate the problem into manageable parts.

OBJECTIVE 10

The overall goal of any crisis intervention is to help the patient/client resolve the present crisis situation and facilitate a return to pre-crisis functioning.

Aids to accomplishing this goal

- Intervention must be timely
- Intervention must be accessible
- Intervention must be flexible
- Action must be immediate

Specific suggestions

- Always present an air of calm.
- During assessment, evaluate both the person and the environment.
- Give the patients/clients as much control over themselves and the situation as possible.
- Provide structure.
- Help the person control his or her environment.
- Set limited goals.
- Make concrete plans for the future.
- Foster hope and positive expectations.
- Involve other aspects of the person's support system.
- Encourage a positive and effective self-image.

OBJECTIVE 11

2, 3, 4, 7

OBJECTIVE 12

1. B
2. B
3. V
4. V
5. V
6. A
7. A
8. V
9. A
10. A

OBJECTIVE 13

Answer may include any three examples for each of the following areas:

- Safety
  - — Shelters for domestic violence victims
  - — Youth shelters
  - — Half-way houses
  - — Homes of friends or relative
- Economics

  Assist with:

  - — Budgeting
  - — Household planning

  - Job search
  - Skill acquisition
  - Government assistance applications

- Housing

  Short term:

  - Shelters for domestic violence victims
  - Youth
  - Half-way houses
  - Homes of friends or relative

  Long term:

  - Finding an apartment or house
  - Finding government subsidized housing
  - Finding shared housing

- Food

  - Budgeting
  - Menu planning
  - Social programs such as food stamps and commodities
  - Assessing storage potential

- Emotional support

  - Support groups
  - Counseling
  - Developing new friendships and new friendships with old friends
  - Developing new coping skills
  - Volunteer work

- Legal protection and safety

  Issues must be addressed through lawyers, the district attorney or legal assistance offices:

  - Visitation
  - Contact with the abuser
  - Restraining orders
  - Child support
  - Alimony

OBJECTIVE 14

- Gain trust and build rapport.
- Complete a thorough assessment of the crisis situation.
- Analyze the data and define the problem.
- Determine what has been tried in the past.
- Establish goals.

- Make a plan of action.
- Specify the mechanisms for implementation.
- Evaluate the effectiveness.
- Help patient/client develop new coping strategies.

OBJECTIVE 15 Refer to answers to Assignment Sheet 1.

OBJECTIVE 16 Refer to answers to Assignment Sheet 2.

OBJECTIVE 17 Refer to answers to Assignment Sheet 3.

PRETEST

APPLY INFORMATION ABOUT CRISIS INTERVENTION

II

NAME ______________________________ SCORE ________

OBJECTIVE 1

Match terms associated with crisis intervention to their correct definitions. Write the letter of the correct term in the blank next to its definition.

______ 1. The maintenance of a constant state of being

______ 2. An emotional experience that is disquieting or threatening and requires some type of coping behavior

______ 3. A lack of feeling or emotion or a lack of interest in normally exciting activities

______ 4. A criminal act, involving issues of power, in which one person forces another to have sexual intercourse against his or her will

______ 5. The expulsion of a fetus from the womb before it has developed enough to survive; often used intentionally to terminate the pregnancy

______ 6. A pattern of behavior whereby the individual does not attempt to avoid negative events, usually resulting from previous exposure to negative events that one is unable to control

______ 7. The act of inducing a painless death on an individual who is terminally ill

a. Abortion
b. Apathy
c. Assertiveness
d. Crisis
e. Crisis intervention
f. Disaster
g. Empathy
h. Euthanasia
i. Homeostasis
j. Learned helplessness
k. Panic
l. Paraprofessional
m. Prevention
n. Rape
o. Stress
p. Suicide
q. Trauma

OBJECTIVE 2 **Select from a list the characteristics of a crisis.** Write an "X" in the blanks before characteristics of crises.

______1. Crises are long lasting.

______2. Crises indicate abnormality.

______3. Crises involve feelings of loss of control.

______4. Crises are subjective in nature.

______5. Crises are negative in nature.

______6. Crises provide opportunities for growth.

OBJECTIVE 3 **Discuss the three elements required for a crisis.** In the space provided, discuss the three elements required for a crisis.

OBJECTIVE 4 **Select from a list assessment data that indicate a person is experiencing a crisis.** Write an "X" in the blank before characteristics that indicate someone is in a crisis. (Question continued on next page)

______1. Demanding behavior

______2. Tolerance for ambiguity

______3. Retention of hope

______4. Change in habits

______5. Fatigue

______6. Decrease in vague physical problems

______7. Rapid breathing

______8. Feelings of happiness and elation

______9. Decrease in concentration

______10. Relaxed body muscles

______11. Ability to act decisively

OBJECTIVE 5

Select from a list personal characteristics that enhance effective crisis resolution. Write an "X" in the blank before personal characteristics that enhance effective crisis resolutions.

______1. The tendency to act quickly and impulsively

______2. Ability to learn from mistakes

______3. Ability to interact with others

______4. Withdrawal from normal activities

______5. Ability to anticipate and plan for stressful events

______6. Tolerance for ambiguity

______7. Ability to work alone for long periods of time

______8. Ability to follow through on plans

______9. Retention of hope

______10. Ability to identify and express one's own emotions

OBJECTIVE 6

Discuss the considerations for crisis resolution involving children. Discuss at least three unique aspects that should be considered when dealing with children in crisis.

____

____

____

____

____

____

OBJECTIVE 7

Choose phases of therapeutic communication. Write the correct letters in the blanks.

______1. Coy and Mary have been comparing their present relationship to how it was when they first met. Coy is excited that so much progress was made but is somber regarding the loss of contact. At what phase of therapeutic communication are they?

a. Introductory Phase
b. Maintaining Phase
c. Termination Phase

______2. Anita and Liz had previously set up several goals to achieve in their therapeutic relationship. They have begun working towards the completion of these goals. Liz has noticed that they seldom talk about their relationship any longer. At what phase of therapeutic communication are they?

a. Orientation Phase
b. Working Phase
c. Termination Phase

______3. Russ and Fred just met. They have been engaging in some small talk and talking about themselves and their own personal histories. At what phase of therapeutic communication are they?

a. Introductory Phase
b. Maintaining Phase
c. Termination Phase

OBJECTIVE 8

State in order the phases of a crisis. Write the phases of a crisis in the order of their typical occurrence.

1. Phase 1 - ____________________________
2. Phase 2 - ____________________________
3. Phase 3 - ____________________________
4. Phase 4 - ____________________________

OBJECTIVE 9

List the components of crisis assessment.

OBJECTIVE 10

Discuss the goals of crisis intervention. Include the overall goals, aids to accomplishing these goals, and specific suggestions that improve the outcome. (Space continued on next page)

OBJECTIVE 11

Select from a list true statements about techniques for effective therapeutic communication. Write an "X" in the blank before true statements.

______1. Address patients/clients by their full names on the first introduction.

______2. After patients/clients vent their feelings about the crisis, focus on behaviors.

______3. Early in the intervention, get the person to agree to an appropriate action.

______4. Getting the patient to call home is an example of an appropriate action early in the intervention process.

______5. Keep communication somewhat distant and abstract because the patient/client may be afraid of direct communication.

______6. Touch the patient early in the intervention to establish intimacy and trust.

______7. Always introduce yourself.

______8. Do not allow the patient to determine the level of familiarity between the two of you.

OBJECTIVE 12

Distinguish between characteristic behavior of abusers and victims of abuse. Write an "A" in the blanks before characteristics of an abuser. Write a "V" in the blanks before characteristics of a victim of abuse. Write a "B" in the blanks before characteristics shared by both.

______1. Has traditional views of the home

______2. Has low self-esteem

______3. Believes nobody can help

______4. Presents a passive demeanor

______5. Underestimates abilities

______6. Projects blame onto others

______7. Is extremely possessive

______8. Presents many psychophysiological complaints

______9. Is extremely jealous

______10. Believes in his or her own superiority

OBJECTIVE 13

List intervention strategies for dealing with abuse victims.
List the areas that need intervention and three strategies for each area.

Area	Strategies

OBJECTIVE 14 **State in order the steps of crisis intervention.**

NOTICE In addition to the pretest items, the student will be required to demonstrate mastery of the following objectives.

OBJECTIVE 15 **Assess the risk of a potential crisis.** SCORE ______

OBJECTIVE 16 **Assess a family or group of significant others during a crisis.** SCORE ______

OBJECTIVE 17 **Use crisis intervention techniques with the nursing process.** SCORE ______

APPLY INFORMATION ABOUT CRISIS INTERVENTION

OBJECTIVE 1

Match terms associated with crisis intervention to their correct definitions.

- **Abortion** — The expulsion of a fetus from the womb before it has developed enough to survive; often used intentionally to terminate the pregnancy
- **Apathy** — A lack of feeling or emotion or a lack of interest in normally exciting activities
- **Assertiveness** — To state one's opinion and to defend oneself without being aggressive, threatening, or defensive
- **Crisis** — An experience of intense conflict or pressure that is greater than the person's immediate ability to solve or handle
- **Crisis intervention** — A short term intervention designed to help someone at the moment of a crisis
- **Disaster** — An event, usually natural in origin, causing destruction, damage, and distress
- **Empathy** — The ability to experience and understand another person's world view as if being that other person, yet retaining some measure of one's own objectivity
- **Euthanasia** — The act of inducing a painless death on an individual who is terminally ill
- **Homeostasis** — The maintenance of a constant state of being
- **Learned helplessness** — A pattern of behavior in which someone does not attempt to avoid negative events, usually resulting from previous exposure to negative events that one is unable to control
- **Panic** — A feeling of sudden, overwhelming anxiety or terror
- **Paraprofessional** — A person who has special training to deal with specific situations but has no professional training
- **Prevention** — Acts or conditions that prohibit or exclude some situation, problem, or disorder from occurring
- **Rape** — A criminal act, involving issues of power, in which one person forces another to have sexual intercourse against his or her will

- **Stress** — An emotional experience that is disquieting or threatening and requires some type of coping behavior
- **Suicide** — Purposefully taking one's own life
- **Trauma** — An emotional state caused by intense stress or sudden events that could cause substantial, long-lasting psychological problems
- **Violence** — Physical force used to cause damage, injury, or abuse

OBJECTIVE 2

Select from a list the characteristics of a crisis.

Fortunately, crises are not daily events in most people's lives. Even though crisis situations have various characteristics that will be unique, they have certain shared characteristics that are common in almost all cases.

Time limit — By definition, crises are temporary situations. (Many experts state a time limit of 4 to 6 weeks.) There will either be a successful conclusion to the crisis or a new homeostasis will develop (an extreme case of a new homeostasis may be death). With a successful conclusion, we are able to resolve the crisis and continue our lives. With the creation of a new homeostasis we develop a new manner of functioning that includes the new situation. Although crises themselves are temporary, they can have a very long-lasting influence on the person, either positive or negative.

Disequilibrium — People in the midst of crisis will be experiencing some disequilibrium in their lives. The attributes of crises determine that one's life will be different while in the crisis than before the crisis.

Crises are normal — Crises are a normal, expected part of being human. As a result, all individuals will find themselves in crisis situations at various points in their lives. Some people are more susceptible to crises, but everyone is likely to go through crises from time to time. Experiencing a crisis is not an indication of mental illness or inadequacy.

Subjective experience — A crisis is a subjective frame of mind regarding an event or set of events. It is not caused by an event, rather it is a reaction to the event. What is interpreted as a crisis for one person may not be a crisis for someone else.

Loss of control — Crises are strongly related to feelings of loss of control. If people feel in control of the situation, it is unlikely they will perceive it as a crisis. It is when they feel out of control that the situation becomes a crisis.

Crises are not necessarily negative — Crises themselves may not be negative, and in fact may be very positive situations. (Most people view the birth of their son or daughter as a positive situation but this can still lead to a crisis) Successful conclusion of a crisis can lead to personal growth (sometimes very intense personal growth).

Crises can be characterized as either **predictable** (sometimes referred to as maturational) or **unpredictable** (sometimes referred to as situational).

Predictable crises are those situations or events that are planned, known ahead of time, or a normal part of the process of living.

EXAMPLES: The death of a parent after a long illness, retirement, and marriage

Unpredictable crises are those situations or events that are not expected and are not part of the normal process of living.

EXAMPLES: Earthquakes, automobile accidents, and being a victim of a violent crime

OBJECTIVE 3

Discuss the three elements required for a crisis.

In order for a crisis to occur, three conditions, or elements, must be present:

An unstable or unstabling event or situation. Crises will occur when a person is attempting to deal with a new, difficult, or stressful situation. At these times, the person is using energy to deal with the unstable situation. If the situation continues for too long or is too threatening (either physically or psychologically), a crisis may develop.

Vulnerability. The individual must be in a vulnerable state, feeling out of control and lacking in resources.

A precipitating event. Crises are precipitated by some specific event. This event is in effect, the last straw in a long line of straws. It may or may not be directly related to the unstable event.

OBJECTIVE 4 **Select from a list assessment data that indicate a person is experiencing a crisis.**

Crises do not just happen, they happen to people. A person in crisis will show signs and symptoms, including:

- Changes in habits
- Changes in appetite
- Changes in sleeping patterns
- Changes in weight
- Changes in patterns of dress
- Changes in libido
- Fatigue
- Uncontrolled crying
- Demanding behavior
- Sudden increase in alcohol or other drug use
- Withdrawal from normal activities
- High blood pressure
- Digestive problems
- Increased quantity of vague physical problems
- Rapid heartbeat
- Rapid breathing
- Extreme muscle tension
- Nervousness
- Hostility
- Anger
- Irritability
- Panic
- Depression

- Inability to concentrate
- Preoccupation
- Delusions or hallucinations (even when there is no history of mental illness)

OBJECTIVE 5

Select from a list personal characteristics that enhance effective crisis resolution.

Some people are more susceptible to crises than others. And some people are more effective at resolving crises. Effective resolution of a crisis is enhanced by the following characteristics.

- Ability to anticipate and plan for stressful events
- Possession of a large social support network
- Willingness to ask for help
- Ability to interact with others
- Ability to identify and express one's own emotions
- Tolerance for ambiguity
- Retention of hope
- History of successful crisis resolution
- Problem-solving skills
- Ability to make decisions
- Ability to be self-directed
- Ability to act decisively
- Ability to follow through on plans
- Ability to learn from mistakes

OBJECTIVE 6

Discuss the considerations for crisis resolution involving children.

When dealing with children in crises, there are some unique aspects to consider.

- Children have different coping mechanisms than adults. They may act out or regress.
- Children have fewer coping mechanisms than adults. They have yet to develop the variety of methods used by most adults in dealing with novel situations and feelings of anxiety and frustration.
- Children have shorter attention spans than adults. When working with children in crisis, it may be necessary to use more frequent, but shorter, contact visits (as opposed to fewer, but longer interventions with adults).
- Children are likely to deal with their crisis issues more indirectly. Many children feel very threatened by the direct questioning or discussion. It is helpful to address the crisis issue in indirect ways such as drawing, storytelling, and playing games.
- Do not lie to children. It is often tempting to protect a child from a painful event, but lying may lead to poorer long-term adjustment.
- Don't take their reactions personally. Children in crisis often feel completely out of control. In an attempt to deal with their anxiety, they may strike out at the nearest person or thing. In many cases, this will be the person helping them through the crisis. This is not an indication of hatred or displeasure toward the crisis worker.

OBJECTIVE 7

Choose phases of therapeutic communication.

There are three phases to therapeutic communication: the introductory or orientation phase, the maintaining or working phase, and the termination phase. They proceed in a progressive manner and build on previous phases. The degree to which a phase is a positive experience affects the degree to which future phases are experienced as positive or negative.

Introductory phase — This phase begins with the first contact between the LPN and the patient/client. An important task at this time is to begin building rapport and to "connect" with the patient/client. During this phase a great amount of energy is focused on *the relationship*. Using the person's name, discussing topics important to him or her and utilizing limited self-disclosure are all important in the introductory phase. Another important task is to establish, both for the nurse and the patient/client, their goals, expectations, obligations, and desires. Aspects to be addressed at this point include the duration of the relationship, expected intensity, logistical aspects (such as time and place), and method of dealing with confidential information.

Maintaining phase — The focus of this phase is on accomplishing the tasks that were discussed in the introductory phase. There is much less focus on the relationship and more activity toward achieving goals. The relationship continues to develop, but the focus of activity is elsewhere.

Termination phase — This phase occurs at the end of the therapeutic relationship. This is a time of ambivalent and conflicting emotions for the patient/client and the nurse. For the patient/client, there is a satisfaction over the successful completion of goals, but the sadness of losing an important relationship. For the nurse, there is the joy of seeing someone improve, but the sorrow of losing contact after putting so much energy into the relationship. Reviewing accomplishments, taking a retrospective look at the relationship, and sharing feelings toward each other can be helpful during this phase.

OBJECTIVE 8

State in order the phases of a crisis.

Movement toward a crisis may be a slow, methodical process or it may happen very quickly. The length of time and the intensity may vary with each phase and each individual. Essentially, the person goes from a state of comfort to a state of discomfort, generally in a continuous manner. Ordinarily, there is no distinct point indicating when a person passes from one phase to another, except for the final stage when a precipitating event will propel him or her into the final phase.

Beginning phase — During this phase the patient/client is presented with a new, difficult, or stressful situation or problem. This phase is similar to many situations faced on a daily basis and most such situations do not lead to a crisis. Most crises develop from such beginnings. Normal behavior is typical during this phase.

Conventional coping phase — At this point, people will attempt to correct the problem using coping mechanisms, solutions, or behaviors previously found to be effective. As these solutions prove to be ineffective, stress, anxiety, and tension increases. They will eventually try solutions that are further and further removed from previous experience. Typical behavior during this phase includes mild anxiety, annoyance, preoccupation and tension.

Adaptive coping phase — During this phase people will attempt new and previously untried solutions. They may feel extremely tense and agitated. Much of their concentration and focus is consumed in trying to solve the crisis. Typical behavior includes anxiety, incomplete planning, restlessness, poor concentration, demanding behavior, and extreme behaviors.

Active crisis phase — At this point, people may react in a variety of ways, feeling that they have exercised all of their resources with no resolution to the crisis. They typically experience feelings of helplessness, impotence, powerlessness, and panic. They may react with bizarre, illogical, or inappropriate behavior or may remain in an apathetic stupor. Some people react by behaving in ways that are counter-productive to resolving the crisis. !t is at this point that most people will either seek professional help or come to the attention of the professional community. Typical behavior during this phase includes depression, uncontrollable crying, sudden unpredictable outbursts of anger, screaming, learned helplessness, resignation, hallucinations, paranoia, haphazard planning, aimless wandering, loss of ability to concentrate, disheveled appearance and short attention span.

OBJECTIVE 9

List the components of crisis assessment.

The assessment should obtain specific information in order to develop and implement a plan for positive crisis resolution.

Identify who is in a crisis. This would appear to be an easy task. However, in many cases, the one who has the "problem" is not the person who is having the crisis. For example, a 13 year old girl and her mother come into the emergency room because they just found out the girl was pregnant. It may be that the mother is the individual with the crisis, even though the girl is pregnant. The nurse must recognize the person in crisis and define the situation from his or her perspective.

Assess the individual's normal behavior (i.e. before the onset of the crisis.) The major goal of crisis intervention is to return the person to pre-crisis functioning. The crisis worker must discuss how the patient/client coped with stress before the onset of the present crisis.

Help the patient/client assess the situation realistically. During a crisis, people lose their ability to see anything but the crisis. Their ability to evaluate any situation objectively is greatly diminished. The crisis worker must be able to put the situation in perspective and help the patient/client do likewise.

Help the patient/client become aware of the positive and negative feelings they are experiencing and the feelings of others. During crises, people become affect controlled. They begin to think and react using their emotions. The crisis worker needs to be able to deal with the affect appropriately and then help the client/patient use those feelings for positive crisis resolution.

During the assessment process, crisis workers need to identify sources of support. Both the worker and the person in crisis may want to seek and use the help of family, friends, and professionals to help resolve the crisis. Identifying these sources of support will also help to reduce the patient/client's feelings of being alone and optionless.

Analyze the data and separate the problem into manageable parts. People in crisis become overwhelmed by the immensity of the problem. They are much more able to deal with small problems and tasks. Additionally, when small tasks are completed, they are able to see that they are making progress.

OBJECTIVE 10

Discuss the goals of crisis intervention.

The overall goal of any crisis intervention is to help the patient/client resolve the present crisis situation and to facilitate a return to pre-crisis functioning. It is not the role of the crisis worker to conduct psychotherapy or counseling in a crisis situation. There are several factors that can help accomplish this goal.

Intervention must be timely — This is one of the fundamental rules in crisis intervention. Crises, by nature, are time limited. Without timely interventions, the crisis will likely resolve itself, generally with negative results. Additionally, people are especially vulnerable and impressionable during a crisis. It is at this time that crisis workers can have the greatest impact on them.

Intervention resources must be accessible — During crises, people have lowered abilities of concentration and are less able to make concrete, workable plans. Crisis workers who are able, willing, and trained in dealing with crises need to be easily accessible to those in need. Any type of perceived road block, whether it be long waiting lists, extensive paperwork, or extreme distances to facilities, will decrease the chances of people in crisis getting help.

Intervention must be flexible — People in crisis will have already attempted to solve the problem using all of their known resources. By the time they get to a crisis worker, they have tried many different approaches. All crisis workers need to be creative, flexible, and adaptable in their interventions.

Action must be immediate — Crisis intervention is action oriented. It is important to develop a plan of ACTION and then help the individual implement that action. Choose actions that the patient/client can implement immediately and that will show immediate results. This will greatly promote the resolution.

Here are some specific suggestions that will improve the outcomes of crises:

- Always present an air of calm.
- During assessment, evaluate both the person and the environment.
- Give the patients/clients as much control over themselves and the situation as possible.
- Provide structure.
- Help the person control his or her environment.
- Set limited goals.
- Make concrete plans for the future.
- Foster hope and positive expectations.
- Involve other aspects of the person's support system.
- Encourage a positive and effective self-image.

OBJECTIVE 11

Select from a list true statements about techniques for effective therapeutic communication.

Using effective therapeutic communication is critical in dealing with people in crisis. There are some unique communication demands in these situations and techniques for handling them.

- Always introduce yourself and find out how the other person wishes to be addressed. This gives patients/clients a feeling of control and allows them to determine the degree of familiarity between you and them.
- Don't assume too much intimacy too quickly in your work with them.
- After allowing an appropriate length of time for them to ventilate their feelings, focus on behaviors (in assessment and in planning).

- Get the person to agree to some appropriate action early in the intervention process. This may be an agreement to take several deep breaths or to call a significant other. This sets up a pattern of action-oriented behavior.
- Keep communication simple and direct. Remember, their ability to concentrate may be diminished.

OBJECTIVE 12

Distinguish between characteristic behavior of abusers and victims of abuse.

Abusive behaviors occur in a variety of situations and with a variety of people. The concept of abuse is a relatively new one even though abusive behavior has a long history. The myth that the home is the exclusive dominion of the family and the idea that "what happens at home stays at home" has had an extensive following. In recent years, many professions have begun to work with abuse within society and within the home. It is now known that no social characteristic automatically eliminates the possibility of abusive behavior. It may be perpetrated by any person regardless of age, sex, gender, or socioeconomic status, and may be aimed at anyone.

Characteristics of the abuser.

NOTE: Although age, sex, gender, and socioeconomic status may not help in the identification of abusers, there are some characteristics that are typical of the abusive person:

- Low self-esteem
- Sense of worthlessness
- Low frustration tolerance
- Social isolation
- Projects blame onto others
- Denial of problems
- Has traditional views of the home
- Believes in his or her own superiority
- Extreme possessiveness
- Extreme jealousy
- Overinvolvement in the victim's life

- Has a Dr. Jekyll and Mr. Hyde personality
- Poor coping skills
- Frequent use of alcohol or other drugs to cope
- Unable to control anger once it has begun
- Growing up in an abusive home
- Acute social sensitivity and, at times, paranoia
- Nervousness

Characteristics of victims of abuse.

NOTE: Although age, sex, gender, and socioeconomic status may not help in the identification of a victim of abuse, there are some characteristics that are typical:

- Low self-esteem
- Underestimates abilities
- Has traditional views of the home
- Often gives abuser control over time, money, self, etc.
- Strongly believes in family unity
- Accepts responsibility for the abuser's actions
- Attempts to control environment
- Suffers from guilt, yet denies feeling any terror or anger
- Presents a passive demeanor
- Has severe stress reactions
- Suspiciousness
- Presents many psychophysiological complaints
- Uses sex as a method of achieving intimacy
- Believes nobody can help

OBJECTIVE 13

List intervention strategies for dealing with abuse victims.

Victims of abusive behaviors often feel completely at the mercy of the abuser and may feel hopeless about any change. As such, interventions must address the total person and provide support and the opportunities for improvement in all aspects of the victim's life. The intervention must address issues of the safety, economics, food and housing, and the person's emotional needs.

- **Safety** — One of the first issues that must be addressed is safety. Victims must be able to feel safe in any situation they are in. At times, they may feel safer in the abusive situation because they feel they understand it. Therefore, any intervention must provide them with a safety factor greater than the abusive situation. Strategies include shelters for victims of domestic violence, youth shelters, half-way homes, and friends' or relatives' homes.

- **Economics** — Once an individual or family is safe, they have to know they will be economically secure. Many victims are economically dependent on the perpetrator and have little or no means of immediate economic support. Others are unaware of their own economic potential. Pointing out their economic potential or providing them with some means of economic security is a vital aspect of any intervention. Assisting with budgeting, household planning, job searching, skill acquisition, and government assistance applications are beneficial strategies.

- **Housing** — One of the major needs of any victim of abuse is housing. This is a basic need that if not satisfied during an intervention, will almost always force the victim back to the abusive situation. Short-term strategies include shelters for victims of domestic violence, youth shelters, half-way homes, and friends' or relatives' homes. Long-term strategies include finding their own apartments or houses, government subsidized housing, or shared apartments.

- **Food** — Food is another necessary item that victims need. Again, with this need left unmet, victims will return to the abusive situation. Important strategies include budgeting, menu planning, social programs such as food stamps and commodities, and assessing storage potential.

- **Emotional support** — Many victims feel the abuse is their fault and believe that the rest of society will believe likewise. Providing emotional support is another vital aspect of any successful intervention. Strategies include support groups, counseling, developing new friends and new friendships with old friends, developing new coping skills, and volunteer work.

- **Legal protection and safety** — Issues such as visitation, contact with the abuser, restraining orders, child support, and alimony must be addressed through lawyers, the district attorney, and legal assistance offices.

OBJECTIVE 14

State in order the steps of crisis intervention.

Effective crisis interventions typically follow an established pattern. However, the steps are not rigid and deviation from the customary pattern can occur under unusual or emergency conditions.

1. **Gain the trust of the individual and build rapport.** Some people will readily accept the help of others during crises while others may be distrustful. Gaining trust and building rapport may be accomplished very quickly during the initial information gathering phase or may take some time.
2. **Complete a thorough assessment of the crisis situation.**
3. **Analyze the data and define the problem.** This definition must be in terms of the patient/client's perspective. Remember, the crisis is a specific person's crisis. Another person in the same situation may not experience a crisis. Therefore, to understand the crisis situation, we need to identify and define it from the patient/client's point of view. In some cases, people are unable to define what the problem is and by defining it, the problem becomes more manageable.
4. **Determine what has been tried in the past.** It is important to discover what has already been attempted in this situation and in similar, past crisis situations. It is not helpful to suggest previously attempted solutions; therefore, we must know what has already been attempted.
5. **Establish goals to resolve the crisis.** These goals help focus the patient/client's activities. Goals should be small and manageable. Initial goals should also be easy for the person to achieve. At this point redefining the problem may be an important goal, helping the person to see it as more manageable.
6. **Develop a plan to achieve the goals.** The plan should be directly related to the goals previously established.
7. **Help the person specify the mechanisms that will be used to implement the plan.** Discuss and determine specific behaviors and actions that are part of the plan and that will achieve the goals specified. These specific behaviors and actions are important since people in crisis function better in structured situations.

8. **Continually evaluate the effectiveness of the plan and make modifications and changes as needed.** During the implementation portion of the plan, it is especially important to evaluate its effectiveness. Any modification should conform to the previous suggestions regarding goals and plans.

9. **Help the person develop new coping strategies.** Once the crisis has been resolved, help the patient/client develop new ways (1) to avoid the same, or similar, situations in the future; or (2) to cope with them so that they don't become crises.

ASSIGNMENT SHEET 1

APPLY INFORMATION ABOUT CRISIS INTERVENTION

NAME ____________________ SCORE ________

OBJECTIVE 15

Assess the risk of a potential crisis.

INTRODUCTION

In any potential crisis situation, assessment and analysis are always the first steps.

Many cases of domestic violence will be addressed by nursing personnel. In these cases, it is vital to assess the potential for crisis reactions. If the victim is in a crisis, it is important to attend to the crisis, especially if he or she is in the active crisis phase. However, if the individual is not in a crisis, or is in the early phases of a crisis, a different type of intervention is needed.

Often in domestic violence cases, both the victim and perpetrator will attempt to conceal the violence from the outside world. Many of the values of our society say that what occurs in a private home is no one's business except those living in that home (especially if the victim is an adult and doesn't request any help). However, it is becoming more apparent to professionals that even though many victims of domestic violence do not verbalize a desire for change, change is wanted. For crisis workers dealing with potential domestic violence, a thorough assessment is essential.

DIRECTIONS

Using the information provided in the scenario, respond to the questions below.

Scenario

Jackie enters the emergency room at 10:30 pm with two small children. She is dressed in a long coat which she has tightly wrapped around her. Her hair is disheveled, she has one black eye, and has a small cut on her chin. There is no apparent harm to either of the two children. As she walks to the desk, she rapidly scans the lobby and as she speaks, she looks around periodically. She says she believes she has broken her arm and is holding it in front of her as if it is very sore.

1A. From the above information, do you believe this is a crisis situation?

____

1B. Why or why not? ______________________________

____

____

____

____

1C. Specifically, what would you want to do at this point regarding the mental health issues related to this situation?

____

____

____

____

Jackie reports she fell off a ladder when working at home. While waiting for X-rays to be completed you attempt to find out more information. Jackie seems to be hesitant to disclose much. She is married but her husband is over at a friends house. "He's ahh .... Umm .... helping with their car .... I think." She asks that he not be called. "I don't want him to worry about me."

You also obtain some information regarding other areas of her life. She is 26 and has a high school diploma. She has lived locally all of her life. She has an older brother and a younger sister. Her brother lives close by but her sister graduated from college and moved away. Jackie is a homemaker and her husband works at the regional airport doing general maintenance, refueling, and some bookkeeping. They have been married for about 2 1/2 years. She says he is a good provider and father for the children. Her children are ages 4 and 7 and are both children of her previous husband. Her previous husband has very little contact with the children and lives quite some distance away. Jackie, her husband, and her children are very active in their church and Jackie teaches Sunday School for the 7 year olds.

When you examine her black eye you notice there are marks that appear to be a hand print. When you tell Jackie of your suspicions regarding domestic violence, she repeatedly says "I wasn't hit by anyone. I fell off a ladder." When pressed to notify her husband, she says, "Don't tell him I'm here, he's the one who hit me." As she says this she becomes agitated and begins to cry uncontrollably. After a moment she says, "He never hits me in the face. I don't know why he did tonight."

2. What question(s) would be appropriate here?

X-rays show that her arm is, in fact, cracked and a cast is placed on it. She reports that her husband began the abusive behavior about 6 months after they were married. It began as verbal abuse but gradually moved into the physical arena. At first he intimidated her with threats and eventually began shoving and slapping her. She emphatically says he has never hit any of the kids and doesn't even spank them. Her statements regarding this never waver. "He's a good father-figure for them. He loves those kids. I also think he loves me. We have good times together. Once in a while we get mad at each other. He's never done anything like this before."

During this discussion, Jackie is able to stop crying but continues to be agitated and nervous. She reports that she is usually in better control of herself. She's generally calm and able to deal with her husband. She reports enjoying housework and cooking and generally likes the life she has. She says that when her husband has hit her in the past, she has ignored it and things have gotten back to normal within a day or two. He always apologizes and the home is usually very pleasant after they make up. "Besides, what would I do without him?"

3. During an assessment of this situation, it would be important to determine the following items. In the space provided, give information pertinent to the assessment.

3A. Identify who is in a crisis. ______________________

3B. What is normal behavior for that person?

3C. How would you help this person assess the situation realistically?

3D. What feelings is the person expressing and how would you keep them from becoming overwhelming?

3E. What sources of support does this person have?

3F. How would you analyze the data and separate the problem into manageable parts?

4A. What phase of the crisis is this person experiencing?

4B. What indicates this to you?

4C. What type of suggestions are appropriate given this phase of a crisis?

ASSIGNMENT SHEET 2

APPLY INFORMATION ABOUT CRISIS INTERVENTION

II

NAME ______________________________ SCORE ________

OBJECTIVE 16

Assess a family or group of significant others during a crisis.

INTRODUCTION

The actual method and progression of crisis interventions will vary with the people involved. The process of coming to a successful resolution will depend on the specifics of the situation, the character of the members within the group, and the personality of the crisis worker. It will take creativity and adaptability to be effective in the variety of circumstances in which the LPN may function.

DIRECTIONS

Have the class break up into groups of 3 — 6 people. For this role play, each group will consist of one crisis worker and a family unit or collection of significant others. The family or significant others will present themselves to the crisis worker in a potential crisis situation. As the crisis worker attempts to help this group, she or he will record the method they used in order to successfully complete each of the following aspects of a crisis intervention. They should answer each of the following questions or respond to the statements in the space provided.

Examples of crisis situations to role play:

- While a family is visiting their husband and father, who is in the hospital due to a heart attack, the man appears to be having another heart attack.
- When visiting an elderly parent, the family is unable to wake him or her from sleeping.
- A family brings to the emergency room a child who is having a major asthma attack.
- A couple was just informed that the wife has ovarian cancer.
- A family's home burned completely and they barely escaped alive (or one member was seriously hurt).
- A man or woman comes to the hospital with depression or some physical ailment after losing his or her job.
- An adolescent in the local school is killed (through suicide, homicide, or accidentally).

- A family comes to the hospital after a natural disaster (such as tornado, flood, etc.) strikes the community.

1A. Did you introduce yourself and find out how the other person(s) wishes to be addressed?

1B. How do they wish to be addressed?

2A. How did you present an air of calm?

2B. How did you foster hope?

2C. Give examples of trust building attempts.

2D. How did you encourage a positive and effective self-image within the patient/client?

3. How did you normalize the experience of crisis?

4. How did you determine who is having the crisis?

5. What is the family's normal behavior?

6A. How did you help the family members become aware of their feelings?

6B. What were those feelings?

6C. How did you focus on behaviors (after allowing an appropriate length of time for them to ventilate their feelings)?

7. What were specific signs indicating this family unit was in crisis?

8. What did you get the family unit to agree to early in the intervention process?

9A. How did you assess previous solutions attempted?

9B. What previous solutions had been attempted?

10A. How did you attempt to identify sources of support?

10B. What were those sources of support?

10C. How did you help them include other aspects of their support system?

11. What were some indications for a positive crisis resolution with this family unit?

12. How did you provide structure for the family unit?

13A. How was the problem defined?

13B. How did you attempt to analyze the data and separate the problem into manageable parts?

14A. What goals were established?

14B. How were these goals limited?

15A. What plans and implementation mechanisms were developed?

15B. How did you attempt to make these plans and implementation mechanisms concrete?

16A. Was some action taken immediately?

16B. What action was taken immediately?

17. Indicate some ways you were able to give some control to the family unit?

18A. Did you keep communication simple and direct?

18B. Give some exa[illegible]s.

19. Please indicate your assessment of this situation in terms of:

19A. the unstabling event or situation.

19B. the family unit's vulnerability.

19C. the precipitating event.

20. What phase of a crisis is the family unit in?

21A. Was your intervention timely?

____

21B. Give some examples of why you believe it was or was not.

____

____

22A. Were you flexible in your intervention?

____

22B. Give some examples of why you believe you were or were not.

____

____

23. Was this a maturational crisis or a situational crisis?

____

ASSIGNMENT SHEET 3

APPLY INFORMATION ABOUT CRISIS INTERVENTION

II

NAME ______________________________ SCORE ________

OBJECTIVE 17 **Use crisis intervention techniques with the nursing process.**

INTRODUCTION The nursing process is a five step, systematic, rational method of planning and providing nursing care and is very similar to the steps of crisis intervention. The steps in the nursing process are assessment, analysis, planning, implementation, and evaluation.

DIRECTIONS Use the information provided in the scenario to respond to the following questions.

Scenario

Donna, a 33 year old white female, came to the emergency room stating she was raped. She explained that she was walking from a book store to her car and a man grabbed her and threatened her with a gun. He forced her to drive her car to a secluded park where he raped her. Afterwards he took her car and left her at the park. At this time she doesn't know where her car is. She arrived at the hospital by taxi.

1. What questions would you ask Donna in order to assess this crisis situation? Be sure to cover all the major aspects of both the situation and Donna's reactions that need to be assessed. Be specific and indicate what type of information you are attempting to determine, (for example "In order to determine her name - 'What is your name?'").

She is softly crying and reports doing so since the rape but states she is OK. At times you must repeat questions several times before she answers. She is very jumpy when sudden, loud noises are made in the emergency room. She becomes nervous and angry when the nursing staff ask to collect evidence of the rape. Her pulse and blood pressure are high and she reports no history of circulatory problems. She says the incident occurred about five hours ago.

Upon questioning, she reports she is a manager of a local clothing store. She says she had just closed her store and stopped by the book store to order a book when the rape occurred. She has a bachelors degree in business management and has been working at the same job for the last 10 years. She keeps repeating that nothing like this has ever happened to her before.

She lives alone and has few friends but says she doesn't want anyone notified. She has no boyfriend and no family in the area. She seems to be able to express an appropriate amount of anger and fear without letting them get out of control. She is unsure whether to make a police report and states she may move away now. When asked if this is a new idea she says "Yes." Upon the prompting of the medical staff at the hospital she is able to identify ways of securing her house, car, and personal property.

2. What information indicates that Donna is in crisis?

3. In what phase of crisis is she?

4. What are positive and negative indications for a resolution?

5. Give examples of goals you might discuss with Donna related to initial functioning.

6. Give examples of specific behaviors that you and Donna could identify for completing her goals.

7. How would you evaluate the effectiveness of your implementation?

ASSIGNMENT ANSWERS

APPLY INFORMATION ABOUT CRISIS INTERVENTION

ASSIGNMENT SHEET 1

1A. Yes or No is appropriate. Either should have sufficient justification and reasons to argue for the response.

1B. Yes — Answer should include:
- Obvious damage to person (black eye)
- Disheveled hair
- Tightly wrapped coat
- Rapidly scanning the lobby
- Lateness of hour and presence of children

No — Answer should include:
- Ability to get to emergency room
- No apparent confusion
- Lack of other information indicating crisis

1C. Should make suggestion to find out specific information. Especially useful would be questions or comments related to:
- What happened
- What are options
- What are resources
- Making problem manageable
- Dealing with emotions

2. Questions such as
- "Where does he usually hit you?"
- "How often does this occur?"

3A. Jackie

3B.
- Calm
- Collected
- In control

3C. Statements and questions should attempt to help Jackie:
- Analyze the data and define the problem.
- Seek other options.
- Seek legal and psychological help.
- Consider staying with friend.

3D.
- Agitation and loss of control
- When they become overwhelming, focus on actions and behaviors

3E.
- Church
- Friends
- Brother
- Parents

3F. Statements should break the problem into specific small tasks that are easily addressed. Such as:
- Where are you going to stay tonight? If at a friends, what is the address and how will you get there? Here is a phone to call the friend, please call now.

4A. Either Adaptive coping phase or Active crisis phase

4B. Should specify behaviors that reflect agitation, stress, and inability to cope with the situation.

4C. Suggestions should reflect:
- Simple and direct communication
- Normalization of experience of crisis in this situation
- Attempts to find accessible, flexible, timely assistance
- Immediate action
- Presentation of calm
- Giving control of situation to Jackie
- Giving structure
- Setting limited goals
- Concreteness of actions
- Getting other support systems involved as soon as possible
- That Jackie is a capable person

ASSIGNMENT SHEET 2

All questions should be completed to indicate that the item was addressed during the crisis intervention. Each item should reflect an understanding and application of the concept.

ASSIGNMENT SHEET 3

1. Questions that attempt to determine:
   - Donna's specific reactions to the situation
   - Her normal functioning
   - How she normally deals with stress and crisis
   - Sources of support

   The questions should attempt to:
   - Separate the problem into smaller units
   - Identify Donna's view of her options
   - Indicate empathy and understanding
   - Allow Donna to express her emotions without letting her emotions become uncontrolled
   - Questions should be specific.

2. - An act of violence (the rape) is a precipitating event
   - Loss of car is a stressor
   - Uncontrolled crying
   - Poor concentration
   - Jumpy
   - Nervous and angry
   - High pulse and blood pressure
   - Repetitive statements

3. Active crisis phase

4. POSITIVE
   - 33 years old
   - Able to get a taxi and come to hospital
   - Bachelors degree (ability to complete projects)
   - Manager of store
   - Same job for ten years
   - Expression of emotions
   - Ability to make plans for safety

   NEGATIVE
   - No history of successful resolution of similar crisis
   - Few friends and doesn't want them contacted
   - No family or significant other in the area
   - Unsure as to whether to make police report
   - May move away

5. Specific goals related to initial functioning should be identified, such as:

   - Report rape and car theft to police
   - Return to work
   - Secure home
   - Acquire transportation

6. Specific behaviors should be identified, such as:

   - Donna will make a police report before going home
   - Donna will return to work at noon the next day
   - Donna will buy two new locks for home tomorrow morning
   - Donna will rent a car in the morning to use for transportation until hers is found

7. Should specify the completion of previously stated goals (such as getting new locks for home).

WRITTEN TEST

APPLY INFORMATION ABOUT CRISIS INTERVENTION

II

NAME ______________________ SCORE ______

OBJECTIVE 1

Match terms associated with crisis intervention to their correct definitions. Write the letter of the correct term in the blank next to its definition.

_____ 1. A feeling of sudden, overwhelming anxiety or terror

_____ 2. A short term intervention designed to help someone at the moment of a crisis

_____ 3. An emotional state caused by intense stress or sudden events that could have substantial, long-lasting psychological problems

_____ 4. An experience of intense conflict or pressure that is greater than the person's immediate ability to solve or handle it

_____ 5. A person who has special training to deal with specific situations but has no professional training

_____ 6. An event, usually natural in origin, causing destruction, damage, and distress

_____ 7. Physical force used to cause damage, injury, or abuse

_____ 8. The ability to experience and understand another person's world view as if being that other person, yet retaining some measure of one's own objectivity

a. Abortion
b. Apathy
c. Assertiveness
d. Crisis
e. Crisis intervention
f. Disaster
g. Empathy
h. Euthanasia
i. Homeostasis
j. Learned helplessness
k. Panic
l. Paraprofessional
m. Prevention
n. Rape
o. Stress
p. Suicide
q. Trauma
r. Violence

OBJECTIVE 2

Select from a list the characteristics of a crisis. Write an "X" in the blank before characteristics of a crisis.

______1. Crises are a normal part of living

______2. Crises are temporary

______3. Crises are subjective experiences

______4. Crises are not a normal part of living

______5. Crises are strongly related to feelings of loss of control

______6. Crises are always negative

______7. Some crises are predictable

______8. Crises are long lasting

______9. Crises provide opportunities for growth

_____10. Crises indicate inadequacy in an individual

OBJECTIVE 3

Discuss the three elements required for a crisis.

OBJECTIVE 4

Select from a list assessment data that indicate a person is experiencing a crisis. Write an "X" in the blanks before characteristics indicating someone in a crisis.

______1. Rapid breathing

______2. Fatigue

______3. Retention of hope

______4. Demanding behavior

______5. Uncontrolled crying

______6. Decrease in vague physical problems

______7. High blood pressure

______8. Ability to act decisively

______9. Relaxed body muscles

_____10. Extreme muscle tension

_____11. Preoccupation

_____12. Feelings of happiness and elation

_____13. Delusions or hallucinations

OBJECTIVE 5

Select from a list personal characteristics that enhance effective crisis resolution. Write an "X" in the blanks before personal characteristics that enhance effective crisis resolutions.

______1. Ability to follow through on plans

______2. Retention of hope

______3. Ability to identify and express one's own emotions

______4. Ability to work alone for long periods of time

______5. Withdrawal from normal activities

______6. Ability to interact with others

______7. Ability to learn from mistakes

______8. The tendency to act quickly and impulsively

______9. Ability to anticipate and plan for stressful events

_____10. Tolerance for ambiguity

OBJECTIVE 6

Discuss the considerations for crisis resolution involving children. Discuss at least three unique aspects that should be considered when dealing with children in crisis.

OBJECTIVE 7

Choose phases of therapeutic communication. Write the correct letter in the blanks.

______1. Bill and Jim have been working intently on several issues. They had previously discussed their goals and developed some plans to achieve them. At what phase of therapeutic communication are they?

a. Introductory Phase
b. Maintaining Phase
c. Termination Phase

______2. Sandra and her nurse, Margie, were discussing how their relationship had changed over the past several weeks. Sandra expressed some misgivings regarding her future inability to get feedback from Margie since they wouldn't see each other in the future. At what phase of therapeutic communication are they?

a. Orientation Phase
b. Working Phase
c. Termination Phase

______3. Anne has been discussing with Kevin her expectations of their relationship and has been sharing some of her views of how they can work together. Kevin has expressed his goals for their work together. At what phase of therapeutic communication are they?

a. Introductory Phase
b. Maintaining Phase
c. Termination Phase

OBJECTIVE 8

State in order the phases of a crisis. Write the phases of crises in the order of their typical occurrence.

1. Phase 1 — ____________________
2. Phase 2 — ____________________
3. Phase 3 — ____________________
4. Phase 4 — ____________________

OBJECTIVE 9

List the components of crisis assessment.

____

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OBJECTIVE 10

Discuss the goals of crisis intervention. Include the overall goals, aids to accomplishing these goals, and specific suggestions that improve the outcome.

OBJECTIVE 11

Select from a list true statements about techniques for effective therapeutic communication. Write an "X" in the blank before true statements.

______1. Don't assume too much intimacy too quickly.

______2. Find out how the other person wishes to be addressed.

______3. Focus on behaviors immediately after the introductions.

______4. Getting the person to agree to an appropriate action sets up a pattern of action-oriented behavior.

______5. Keep communication simple and direct because the patient/client may not be able to concentrate.

______6. Try to keep patients/clients from venting their feelings about the crisis.

______7. Allow the patient to determine the degree of familiarity in the introduction.

______8. Get the person to agree to perform a complex series of appropriate actions to maintain concentration.

OBJECTIVE 12

Distinguish between characteristic behavior of abusers and victims of abuse. Write an "A" in the blanks before characteristics of an abuser. Write a "V" in the blanks before characteristics of a victim of abuse. Write a "B" in the blanks before characteristics of both.

______1. Believes in his or her own superiority

______2. Believes nobody can help

______3. Is extremely jealous

______4. Is extremely possessive

______5. Has traditional views of the home

______6. Has low self-esteem

______7. Presents a passive demeanor

______8. Presents many psychophysiological complaints

______9. Projects blame onto others

______10. Underestimates own abilities

OBJECTIVE 13

List intervention strategies for dealing with abuse victims.
List areas that need intervention and three strategies for each area.

Area	Strategies
____________________	______________________________
	______________________________
	______________________________
____________________	______________________________
	______________________________
	______________________________
____________________	______________________________
	______________________________
	______________________________
____________________	______________________________
	______________________________
	______________________________
____________________	______________________________
	______________________________
	______________________________
____________________	______________________________
	______________________________
	______________________________

OBJECTIVE 14 **State in order the steps of crisis intervention.**

____

____

____

____

____

____

____

NOTICE The following assignment sheets are not part of the written test. If these activities have not been completed, check with your instructor.

OBJECTIVE 15 **Assess the risk of a potential crisis.** SCORE ______

OBJECTIVE 16 **Assess a family or group of significant others during a crisis.** SCORE ______

OBJECTIVE 17 **Use crisis intervention techniques with the nursing process.** SCORE ______

WRITTEN TEST ANSWERS

APPLY INFORMATION ABOUT CRISIS INTERVENTION II

OBJECTIVE 1

1. k
2. e
3. q
4. d
5. l
6. f
7. r
8. g

OBJECTIVE 2

1, 2, 3, 5, 7, 9

OBJECTIVE 3

Answers will vary by student but should include a discussion of
- An unstable or unstabling event or situation
- Vulnerability
- A precipitating event

OBJECTIVE 4

1, 2, 4, 5, 7, 10, 11, 13

OBJECTIVE 5

1, 2, 3, 6, 7, 9, 10

OBJECTIVE 6

Answers will vary by student but should include
- Children have different coping mechanisms.
- Children have fewer coping mechanisms.
- Children have shorter attention spans.
- Children deal with crises more indirectly.
- Children need the truth.
- Don't take children's reactions personally.

OBJECTIVE 7

1. b
2. c
3. a

OBJECTIVE 8

1. Beginning phase
2. Conventional coping phase
3. Adaptive coping phase
4. Active crisis phase

OBJECTIVE 9

- Identify who is in a crisis.
- Assess what the normal behavior is.

- Help the patient/client assess the situation realistically.
- Help the patient/client become aware of his or her feelings.
- Identify sources of support.
- Analyze the data and separate the problem into manageable parts.

OBJECTIVE 10

The overall goal of any crisis intervention is to help the patient/client resolve the present crisis situation and facilitate a return to pre-crisis functioning.

Aids to accomplishing this goal
- Intervention must be timely
- Intervention must be accessible
- Intervention must be flexible
- Action must be immediate

Specific suggestions
- Always present an air of calm.
- During assessment, evaluate both the person and the environment.
- Give the patients/clients as much control over themselves and the situation as possible.
- Provide structure.
- Help the person control his or her environment.
- Set limited goals.
- Make concrete plans for the future.
- Foster hope and positive expectations.
- Involve other aspects of the person's support system.
- Encourage a positive and effective self-image.

OBJECTIVE 11

1, 2, 4, 5, 7

OBJECTIVE 12

1. A
2. V
3. A
4. A
5. B
6. B
7. V
8. V
9. A
10. V

OBJECTIVE 13

Answer may include any three examples for each of the following areas:

Safety

— Shelters for domestic violence victims
— Youth shelters
— Half-way houses
— Homes of friends or relatives

- Economics

  Assist with:

  - Budgeting
  - Household planning
  - Job search
  - Skill acquisition
  - Government assistance applications

- Housing

  Short term: Shelters for domestic violence victims
  Youth
  Half-way houses
  Homes of friends or relatives

  Long term: Finding an apartment or house
  Finding government subsidized housing
  Finding shared housing

- Food

  - Budgeting
  - Menu planning
  - Social programs such as food stamps and commodities
  - Assessing storage potential

- Emotional support

  - Support groups
  - Counseling
  - Developing new friendships and new friendships with old friends
  - Developing new coping skills
  - Volunteer work

- Legal protection and safety

  Issues must be addressed through lawyers, the district attorney or legal assistance offices:

  - Visitation
  - Contact with the abuser
  - Restraining orders
  - Child support

OBJECTIVE 14

- Gain trust and build rapport.
- Complete a thorough assessment of the crisis situation.
- Analyze the data and define the problem.

- Determine what has been tried in the past.
- Establish goals.
- Make a plan of action.
- Specify the mechanisms for implementation.
- Evaluate the effectiveness.
- Help patient/client develop new coping strategies.

OBJECTIVE 15 Refer to answers to Assignment Sheet 1.

OBJECTIVE 16 Refer to answers to Assignment Sheet 2.

OBJECTIVE 17 Refer to answers to Assignment Sheet 3.

OBJECTIVE SHEET

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS

III

INTRODUCTION

Addictive/dependent behavior is a widespread problem that continues to grow. Many individuals with addictive/dependent problems have other mental and physical complications resulting from the addictive/dependent behavior. These complications often lead to contact with the health delivery system and include interactions with nurses. Patient/clients will often deny that they have a problem; therefore, nurses need to be able to recognize and identify addictive/dependent behaviors. Learning the components and the assessment data that indicate addictive/dependent behaviors will allow nurses to identify these behaviors and take steps to address these problems. Understanding characteristics will also facilitate analysis and identification of the problem and help in identifying nursing care treatment strategies.

UNIT OBJECTIVE

After completing this unit, the student should be able to recognize the basic characteristics and classifications of addictive/dependent behaviors. Additionally, the student should be able to use this knowledge to help plan detoxification interventions and interventions relating to interactions between addictive/dependent behaviors and body systems. The student will show these competencies by completing assignment sheets and the written test with a minimum of 85 percent accuracy.

PREREQUISITES

Before studying this unit, the student should have successfully completed Unit 1, *Utilize Basic Principles of Mental Health*.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match terms associated with addictive/dependent behaviors to their correct definitions.
2. Match the four stages of addictive/dependent behaviors with their descriptions.
3. List the interactions between addictive/dependent behaviors and body systems.
4. Describe the detoxification process.
5. Match specific withdrawal symptoms to the correct drug types.
6. Research community resources. (Assignment Sheet 1)
7. Apply the nursing process to a client/patient with a chemical dependency. (Assignment Sheet 2)

SUGGESTED ACTIVITIES

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS *III*

PREPARATION

- Order materials to supplement unit.
- Contact guest speakers and arrange for their presentation to the class.

  NOTE: Provide the specific topics of discussion to the guest speakers. After final confirmation has been received, be sure to call them one or two days before the scheduled day and reconfirm their participation.
- Arrange field trip to an inpatient drug treatment facility or a therapeutic community treatment facility.
- Devise games and/or crossword puzzles to reinforce terms.
- HOSA Integration
  - Assist students to conduct a chapter service project on addictive/dependent behaviors.
  - Develop objectives for a service project and identify a theme.
  - Create a poster according to Extemporaneous Health Display rules—display in highly visible areas.
  - Plan a community or school health project that involves disseminating pamphlets about addictive/dependent behaviors.

DELIVERY

- Participate in a field trip to an inpatient drug treatment facility or a therapeutic community treatment facility.
- Have students discuss their feelings regarding addictive/dependent behaviors.
- Attend an AA (or NA) meeting.
- Show *The What & Why of Co-Dependency.*
- Show *Characteristics of Co-Dependents.*
- Show *Pieces of Silence.*
- Discuss unit objectives.

Objective 1

- Discuss the terms associated with addictive/dependent behaviors.

Objective 2

- Discuss the characteristics of addictive/dependent behaviors.
- Ask a former abuser to speak to the class regarding the addictive/dependent lifestyle.
- Show *Substance Dependence.*
- Ask a representative of AA, NA, or Al-Anon to talk to class about being or living with an alcoholic.
- Ask a professional counselor or psychologist to talk to class about the characteristics of addictive/dependent behaviors.
- Refer students to Supplement 1 and discuss factors that affect addictive/dependent behavior.

Objective 3

- Discuss the interactions between addictive/dependent behaviors and body systems.
- Ask emergency room medical personnel (either nurse or doctor) to speak to the class regarding the interactions between addictive/dependent behaviors and body systems.
- Refer students to Supplement 2 and discuss commonly abused drugs.

Objectives 4 and 5

- Discuss the detoxification process.
- Visit an inpatient drug treatment facility or a therapeutic community treatment facility.
- Ask a professional who works with detoxification to talk to the class about the detoxification process.
- Refer students to Supplements 3, 4, and 5 and discuss these topics.

APPLICATION

Objective 6

- Discuss various local community resources that deal with addictive/dependent behaviors.
- Complete Assignment Sheet 1.

Objective 7

- Discuss the application of the nursing process to a chemically dependent patient's behavior.
- Complete Assignment Sheet 2.

EVALUATION

Pretest

- Pretest qualifying students.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Written Test

- Explain to class members that they will be asked to demonstrate on the written test the actions listed in the specific objectives.
- Give written test.
- Evaluate students on assignment sheet activities if not previously done.
- Reteach and retest if necessary.
- Complete appropriate sections of competency profile.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Audiovisual Materials

- *Characteristics of Co-Dependents.* VHS, 23 min. Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.
- *Piece of Silence.* VHS, 56 min. Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.
- *Substance Dependence.* MEDCOM/TRAINEX, Box 3225, Garden Grove, CA, 92642. Phone: 1-800-877-1443.

- *The What & Why of Co-Dependency.* VHS, 22 min. Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.

Publications

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- Wood, Barbara L. *Children of Alcoholism: The Struggle for Self and Intimacy in Adult Life.* New York University Press, New York, 1987.

PRETEST ANSWERS

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS III

OBJECTIVE 1

1. h
2. l
3. g
4. h
5. t

OBJECTIVE 2

1. d
2. a
3. c
4. b

OBJECTIVE 3

Answer may include any three from each category.

1. Alcohol
   - Vitamin deficiency
   - Nutritional deficiency
   - Chronic gastritis
   - Ulcers
   - Alcoholic hepatitis
   - Pancreatitis
   - Cirrhosis of the liver
   - Dilation of cutaneous blood vessels
   - Hypertension
   - Organic impairment (seen as perceptual/motor Impairment and slurring even when the client/patient is sober)
2. Amphetamines
   - Heart rate increase
   - Stimulated adrenal grands
   - Increase in blood sugar levels
   - Heart palpitations
   - Cardiovascular collapse
   - Blood vessel constriction
   - Dilation of the pupils
   - Dilation of the bronchial tubes
   - Muscles are tensed
   - If route of administration is intravenous—infections, communicable diseases, and collapsing veins may result
3. Cannabis
   - Increased heart rate
   - Increased peripheral blood flow
   - Rapid fall in blood pressure when standing
   - Increased appetite
   - Bronchial problems (when cannabis is smoked)

4. Cocaine
   - Lung damage
   - Respiratory problems
   - Constriction of the blood vessels
   - Increased blood pressure
   - Heartbeat irregularities
   - Birth defects in children
   - Nasal damage (if drug is sniffed)
   - Injection site infections, hepatitis, and AIDS (if injected)

5. Depressants
   - Decreased heart rate and blood pressure
   - Nervous system is slowed down
   - Decreased visual capacity
   - Progressive respiratory depression

6. Hallucinogens
   - Increased blood pressure
   - Increased heart rate
   - Increased body temperature
   - Rapid deep breathing
   - Suppression of appetite

7. Inhalants
   - CNS depression
   - Respiratory depression
   - Increased heart rate
   - Irregular heartbeat
   - Permanent brain damage
   - Muscle weakness
   - Motor coordination problems
   - Sensitivity to light
   - Nasal inflammation

8. Opiates
   - Decreased gastric motility resulting in constipation
   - Decreased focus on nutrition resulting in malnutrition
   - Reduced oxygen may result in permanent brain damage
   - Reduced respiratory functioning may result in pneumonia and other respiratory problems
   - Pupil constriction
   - Drop in body temperature
   - Infections (including tetanus, viral hepatitis, and AIDS) and collapsing veins due to injections of drugs

9. Phencyclidine (PCP)
    - Increased blood pressure
    - Elevated body temperature
    - Irregular heartbeat
    - Speech disturbances
    - Motor coordination problems
    - Increased salivation
    - Breathing irregularities
    - Convulsions (at high doses)
    - Permanent brain impairment (at high doses)

OBJECTIVE 4 Detoxification is a process of withdrawing an individual from an addictive/dependent substance. Detoxification is not treatment.

OBJECTIVE 5

1. a
2. c
3. a
4. a
5. c
6. c
7. b
8. c
9. a
10. c
11. b
12. b
13. b

OBJECTIVE 6 Refer to answers to Assignment Sheet 1.

OBJECTIVE 7 Refer to answers to Assignment Sheet 2.

PRETEST

APPLY INFORMATION ABOUT ADDITIVE/DEPENDENT BEHAVIORS

III

NAME ______________________________ SCORE ________

OBJECTIVE 1

Match terms associated with addictive/dependent behaviors to their correct definitions. Write the correct letter in the blank.

______1. A state of being in which a person feels a psychological and/or physical need to use a drug in order to experience its effect and/or to avoid the unpleasant effects of its absence

______2. An extreme feeling of well being

______3. A symptom of withdrawal from alcohol characterized by confusion, agitation, and disorientation as well as hallucinations, delusions and ANS dysfunction

______4. The reduction in sensitivity to a substance, after repeated exposure requiring increasingly larger doses to achieve the same effects

______5. A class of substances that produces feelings of well being, wakefulness, alertness, relief form fatigue, and increased energy

a. Alcohol
b. Anorexia nervosa
c. Bulimia nervosa
d. Co-dependency
e. Cocaine
f. Cross-tolerance
g. Delirium tremens (DTs)
h. Dependence
i. Depressants
j. Detoxification
k. Drug abuse
l. Euphoria
m. Hallucinogens
n. Tolerance
o. Intoxication
p. Marijuana
q. Opioid
r. Overdose
s. PCP
t. Stimulant

OBJECTIVE 2

Match the four stages of addictive/dependent behaviors with their descriptions. Write the correct letter in the blank. (Question continued on next page.)

______1. The stage in which use of the substance becomes continuous. Users are unable to function without the substance and have very little contact with others. There are usually severe physical problems, and premature death is likely to occur. The substance is used to feel normal; and when not intoxicated, the individual is in a state of pain.

______2. The stage in which the person uses the substance on an infrequent basis and/or only when offered by friends. There are few behavioral signs and symptoms of use and the ability to function is seldom impaired.

______3. The stage in which users notice a tolerance effect. They begin to use more than moderate amounts of the substance. Problems with others become pronounced, and marked changes in personality are noticed. Alienation of friends is common. They experience a chronic loss of control over their addictive/dependent behavior. Their moods range from normal to euphoria, but then move to a state of pain after the effects have worn off.

a. Pre-abuse stage

b. Early stage

c. Middle stage

d. Late stage

______4. The stage in which the person begins to use moderate amounts of the substance. Users may change their friends or activities as their behavior begins to revolve around using the substance. Their moods move from a normal state to one of euphoria and back to a normal state.

OBJECTIVE 3

List the interactions between addictive/dependent behaviors and body systems. List at least three effects of addictive/dependent substances on the body. (Question continued on following pages.)

1. Alcohol ____

____

____

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____

2. Amphetamines ____

____

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____

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____

3. Cannabis

4. Cocaine

5. Depressants

6. Hallucinogens

7. Inhalants

8. Opiates

9. Phencyclidine (PCP) ______________________________

OBJECTIVE 4 **Describe the detoxification process.**

OBJECTIVE 5 **Match specific withdrawal symptoms to the correct drug types.** Write the correct letter in the blank. (Question continued on the next page.)

______1. Circulatory collapse
______2. Convulsions
______3. Flushing
______4. Hallucinations
______5. Slowed comprehension

a. Depressant
b. Opiod
c. Stimulant

______6. Sleepiness

______7. Hypertension

______8. Hyperphasia

______9. Headaches

______10. Depressed mood

______11. Vomiting

______12. Piloerection

______13. Restlessness

NOTICE In addition to the pretest items, the student will be required to demonstrate mastery of the following objectives.

OBJECTIVE 6 **Research community resources.** SCORE ______

OBJECTIVE 7 **Apply the nursing process to a client/patient with a chemical dependency.** SCORE ______

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIOR III

OBJECTIVE 1

Match terms associated with addictive/dependent behaviors to their correct definitions.

- **Alcohol** — A liquid substance that produces a feeling of well-being and a mild relaxation of inhibitions
- **Anorexia nervosa** — An eating disorder characterized by intense fear of obesity and progressive loss of weight until emaciation
- **Bulimia nervosa** — An eating disorder characterized by a desire to consume large amounts of food, followed by a siege of vomiting; the repeated desire to "binge and purge" becomes compulsive
- **Cocaine** — A white crystalline powder, typically ingested through the nasal cavity, that produces a sense of well-being, heightened alertness, and an intense feeling of euphoria
- **Co-dependency** — A recognizable pattern of personality characteristics and behaviors related to addictive/dependent behaviors that lead to dysfunctional interactions with other people
- **Cross-tolerance** — A process by which a person becomes less sensitive to a substance due to repeated exposure to another substance with similar pharmacological properties

  EXAMPLE: If a patient enters a treatment center for alcohol abuse, the attending physician may prescribe a mild sedative, such as librium.

- **Delirium tremens (DTs)** — A symptom of withdrawal from alcohol characterized by confusion, agitation, and disorientation as well as hallucinations, delusions, and autonomic nervous system dysfunction
- **Dependence** — A state of being in which a person feels a psychological and/or physical need to use a substance in order to experience its effect and/or to avoid the unpleasant effects of its absence
- **Detoxification** — The process of reducing and discontinuing the presence of a substance in a person's system

- **Drug abuse** — The excessive intake of any chemical substance for the purpose of altering one's mood, perception, or brain functioning
- **Euphoria** — A feeling of extreme well being
- **Hallucinogens** — A group of structurally dissimilar substances that cause vivid sensory distortions and marked alterations in mood and thought
- **Hypnotics** — A group of substances that slows or reduces functioning of the brain and other parts of the central nervous system; also known as sedatives and depressants
- **Inhalants** — A group of substances, most of which are volatile solvents, that are abused by breathing them in and which produce a sense of euphoria and a relaxation of inhibitions
- **Intoxication** — The intake of a substance in a large enough quantity to interfere with normal functioning
- **Marijuana** — A tea-like substance that is generally smoked in order to feel a sense of well being, relaxation, and euphoria
- **Opioid** — A white crystalline powder, typically ingested by injection into blood veins, that produces a sense of euphoria, relaxation, and escape
- **Overdose** — The intake of a substance in a significantly larger quantity than is customary or therapeutic, which leads to unstable vital signs and dangerous physical and mental functioning
- **PCP** — A white crystalline powder, taken by a variety of methods, and at times with another substance, that produces detachment, dissociation, and distortions of perceptual, cognitive, and emotional experiences
- **Psychoactive drug** — A substance that has an effect on a person's emotions, thoughts, and/or behaviors
- **Recidivism** — The repetition of some socially unacceptable behavior after that behavior had previously stopped
- **Stimulants** — A class of substances that produces feelings of well being, wakefulness, alertness, relief from fatigue, and increased energy

- **Tolerance** — The reduction in sensitivity to a substance after repeated exposure, requiring increasingly larger doses to achieve the same effects
- **Withdrawal** — Unpleasant physical and/or psychological symptoms that occur when people stop taking a substance they have become physically and/or psychologically dependent on

OBJECTIVE 2

Match the four stages of addictive/dependent behaviors with their descriptions.

Addictive/dependent behaviors usually begin as occasional substance use and gradually become more and more problematic, eventually becoming quite severe. In some cases the addictive/dependent behavior will lead to death from an overdose, an accident, or from medical complications related to the addictive/dependent behavior. There are several methods of classifying the stages of addiction/dependency; however, most systems identify an early stage, a middle stage and a late stage. Additionally, there is a pre-abuse stage. The progression through these stages may be very slow, taking years or even decades, or may be very rapid. Many factors influence a person's progression, including the type of substance, personal characteristics, predisposing factors, and situational features.

Pre-abuse stage — In the pre-abuse stage, the person is just beginning to use the substance on an infrequent basis. Initially, people may only use the substance when it is offered by friends. They do not buy their own, nor do they feel any desire to purchase it. Toward the end of the stage they begin to buy their own and keep a steady supply available. There are few behavioral signs or symptoms of use and their ability to function is seldom impaired. At this time, their moods will go from a normal state when substance free, to one of euphoria (or some other pleasant state) when taking the substance, and then back to a normal state after the effects of the substance have subsided. There are very few negative consequences to their addictive/dependent behavior at this point.

Early stage — In the early stage of addictive/dependent behavior, users begin to focus more and more of their lives on the substance. They begin using moderate amounts and these amounts continue to increase. Their behavior begins to revolve around the use of the substance. They begin to make decisions that facilitate the substance use. They may change their friends and drop many of their previously enjoyed extracurricular activities. Their moods continue to move from a normal state to one of euphoria and back to a normal state.

Middle stage — At this stage, the users will notice a tolerance effect and increasing amounts of the substance will be needed to achieve the same effects. They will begin to use amounts that exceed "moderate levels" and are beyond the limits of socially acceptable usage. Their expenditures for the substance become increasingly burdensome and they may sell small amounts to others as a way of supporting their own use. Later in this stage, they may also be involved in other illegal or questionable activities to obtain the substance. Problems with other people become pronounced and marked changes in personality are noticed. Alienation of friends and family is common.

During this stage, they experience a chronic loss of control over their addictive/dependent behavior. They may decide to use the substance in a limited amount in a specified time, but find they are using it much more frequently (as much as 20 times the amount they had previously decided). Their moods now range from a normal state to one of euphoria, but then move to a state of pain after the effects have worn off. In order to avoid the painful mood (depression, guilt, remorse, shame), they must use the substance again and again to achieve the euphoric state.

Late stage — During the late stage, use becomes continuous. They are unable to function without the substance and have very little contact with others. There are usually severe physical problems and disabling psychological difficulties. Premature death due to overdose, physical problems, accidents, or suicide are likely to occur without some type of intervention. At this point, they use the drug simply to feel normal and when not intoxicated, they are in a state of pain.

OBJECTIVE 3

List the interactions between addictive/dependent behaviors and body systems.

It is important to understand how addictive/dependent behaviors interact with the various body systems. These interactions may lead to temporary effects; temporary damage, or permanent damage. The following effects are categorized by classes of drugs and in each case become markedly worse when the addictive/dependent behavior occurs over an extended period of time.

Alcohol — Alcohol is a CNS depressant and causes a number of effects on various body systems. There are typically vitamin and other nutritional deficiencies and increased gastric secretions. These interactions may lead to chronic gastritis and ulcers. Alcohol abuse may also lead to alcoholic hepatitis, pancreatitis, and cirrhosis of the liver. Alcohol will dilate cutaneous blood vessels and lead to hypertension. Additionally, alcohol abuse will lead to permanent organic impairment (seen as perceptual/motor impairment and slurred speech even when sober).

Amphetamines — Amphetamines stimulate many bodily activities. They increase heart rate, stimulate the adrenal glands, increase blood sugar level, and can lead to heart palpitations. Amphetamine abuse can cause cardiovascular collapse. Blood vessels constrict and both pupils and bronchial tubes are dilated, typically with tense muscles. If the route of administration is intravenous, infections, communicable diseases, and collapsing veins may result.

Cannabis (marijuana, hashish) — Cannabis affects the circulatory system in various ways. It increases heart rate and peripheral blood flow. This may lead to a rapid fall in blood pressure when the person stands. Cannabis also has the tendency to increase appetite. When cannabis is smoked, bronchial problems may occur.

Cocaine — Cocaine affects several body systems. It can cause lung damage and respiratory problems. It constricts blood vessels, increases blood pressure, and can lead to an irregular heartbeat. Use of cocaine causes birth defects in children and can lead to nasal damage (if drug is sniffed). If the route of administration is intravenous, infections, hepatitis, and AIDS may result.

Depressants — Depressants decrease many bodily functions. They decrease heart rate and blood pressure and slow down the nervous system. They decrease visual capacity and cause progressive respiratory depression, which can lead to death.

Hallucinogens — Hallucinogens are a group of structurally dissimilar substances that lead to various false sensory perceptions. Hallucinogens increase blood pressure, heart rate, and body temperature. Abuse can lead to rapid deep breathing and appetite suppression.

Inhalants — Inhalants depress the central nervous system and can do so very quickly, leading to rapid depression of the respiratory system and instantaneous or rapid death. Inhalants also affect the circulatory system by increasing heart rate and causing irregular heartbeat. These problems of the respiratory and circular systems may result in permanent brain damage. There may also be muscle weakness and motor coordination problems. People abusing inhalants may show signs of being very sensitive to light. Due to the route of administration, nasal inflammation may occur.

Opiates — Abuse of opiates decreases gastric motility, resulting in constipation, and decreases the user's focus on nutrition, resulting in malnutrition. There is also a reduction in the amount of oxygen getting to the brain, which may result in permanent brain damage. The reduced effectiveness of the respiratory system may also result in pneumonia and other respiratory problems. Opiates also constrict the pupils and reduce the body temperature. If the route of administration is intravenous, infections (including tetanus, viral hepatitis, and AIDS), communicable diseases, and collapsing veins may result.

Phencyclidine (PCP) — Phencyclidine increases blood pressure, elevates body temperature and may lead to an irregular heartbeat. It also can lead to speech disturbances, motor coordination problems, and increased salivation. PCP may lead to breathing irregularities. At high doses, PCP may cause convulsions and/or permanent brain impairment.

OBJECTIVE 4

Describe the detoxification process.

Detoxification is a process of withdrawing a user from an addictive/dependent substance. The person is either psychologically and/or physically dependent on the substance and symptoms of withdrawal (severity of symptoms will be affected by the degree of dependency) usually occur during the detoxification process. The overall goal is to provide as easy a process as possible in achieving a drug-free state and to prevent life-threatening emergencies.

Detoxification is not treatment. It is only the removal of the substance from the person's system. Without some form of treatment, users will revert to their previous addictive/dependent behavior.

OBJECTIVE 5

Match specific withdrawal symptoms to the correct drug types.

See the chart on the next page for symptoms associated with each drug type.

WITHDRAWAL SYMPTOMS

Depressants (including alcohol)	Opioids	Stimulants
Abdominal cramps	Abdominal cramps	Coryza
Anxiety	Anxiety	Convulsions
Circulatory collapse	Chills	Delirium
Delirium	Coryza	Depressed mood
Flushing	Diarrhea	Fatigue
Hallucinations	Dilated pupils	Hyperphasia
Headaches	Hypertension	Hypotonia
Hyperactive reflexes	Irritability	Rhinorrhea
Hypotension (orthostatic)	Lacrimation	Sleep disturbances
Irritability	Muscle aches	Sleepiness
Motor seizures (grand mal)	Nausea	Slowed comprehension
Nausea	Paresthesia	
Psychosis (toxic)	Piloerection (gooseflesh)	
Sleep disturbances	Restlessness	
Tachycardia	Rhinorrhea	
Tremors	Sleep disturbances	
	Sweating	
	Tachycardia	
	Vomiting	
	Yawning	

FACTORS THAT INFLUENCE ADDICTIVE/DEPENDENT BEHAVIORS

Not all individuals are involved in addictive/dependent behaviors. There are some factors that influence people to participate in addictive/dependent behaviors. These factors can be broken down into four broad areas; stress-related factors, situational factors, psychological factors, and sociological factors.

Stress-related factors include the loss of significant others, such as a spouse or child; living a high stress lifestyle; and inability to manage stress. Some people also attempt to self-medicate themselves with psychoactive substances in order to deal with psychological or physical problems.

Situational factors include situational components that are not directly related to the person, such as few social contacts, a family history of addictive/dependent behavior, and few social options (being stuck in one's present social condition). Also, if people have addictive/dependent behaviors modeled for them, this modeled behavior is more likely to become a part of their own behavioral patterns. Recent research indicates some strong evidence of a genetic factor in the predisposition toward alcohol abuse. It is possible that a similar genetic factor operates for other addictive/dependent behaviors, although little scientific evidence has been produced for any other substance.

There are also psychological factors that influence people to participate in addictive/dependent behaviors. These include low self-esteem, lack of impulse control, lack of trust in others, chronic boredom, lack of interest in school or work, lack of goals, and low motivation for achievement.

Finally, there are social factors that influence people to participate in addictive/dependent behaviors. These include peer pressure, social anxiety, oppressive family or social relationships, and family problems.

Characteristics of addictive/dependent behavior include unique behavioral, psychological, social, and physiological characteristics at each stage of the addictive process.

Please refer to the charts on the following pages.

CHARACTERISTICS OF ADDICTIVE/DEPENDENT BEHAVIORS AT VARIOUS STAGES

Characteristics	Early Stage	Middle Stage	Late Stage
Behavioral	Sneaking drinks Gulping first drink Occasional loss of control of addictive/dependent behavior Periods of abstinence Attempts at limiting addictive/dependent behavior	Chronic loss of control over addictive/dependent behavior Gradual increase in addictive/dependent behavior Loss of interest in other activities Increase in geographic relocations Decrease in sexual drive Increase in dangerous sexual activity Behavior centers around addictive/dependent behavior Quits or loses job Major family conflicts Decreased productivity Fatigue	Obsessive, often continuous addictive/dependent behavior Prolonged binges Poor grooming and personal hygiene Involvement in violent behavior (either as the victim or offender)
Psychological	Unwillingness to discuss addictive/dependent behavior Denial Guilt Rationalizing addictive/dependent behavior Flashes of aggressiveness Persistent remorse Occaional uncontrolled emotions Increased confidence when abusing substance	Devaluation of personal relationships Marked self-pity Unreasonable resentments Personality changes Regular uncontrolled emotions Deterioration in self-esteem Feelings of inferiority and inadequacy Inadequate sense of time Ineffective problem-solving	Deterioration of personal values Indefinable fears Decreased enjoyment of addictive/dependent behavior Addictive/dependent behavior is central component of life Distrust of others Feelings of being alone Extreme defensiveness Confusion Loss of ability to be objective Regular use of poor judgment

Characteristics	Early Stage	Middle Stage	Late Stage
Social	Beginning to associate with others displaying addictive/dependent behavior Occasional family conflicts	Alienated social contacts Manipulative with friends Undependable Breaks promises Borrows more money than is able to repay Drops friends (especially straight friends)	Unable to hold a job Chronic unemployment or short term employment Alienated from all friends and family Lives alone
Physiological	Occasional minor injuries and accidents Insomnia	Neglect of nutrition Tolerance and withdrawal begin Blackouts Infections Regular injuries and accidents Venereal disease Visual disturbances Weight changes Memory lapses	Tremors Decreased tolerance Impotence or other sexual problems Permanent damage to body systems (such as the brain or the liver) Chronic malnutrition Chronic infections or diseases "Tracks" or other damage to external systems from continuous addictive/dependent behavior (this will vary depending on the route of administration)

SUPPLEMENT SHEET 2 APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS III

MOST COMMONLY ABUSED DRUGS

Drug	Signs of Intoxication/Overdose	Emergency Interventions
Alcohol	Reduced mental/physical alertness Reduced motor coordination Stupor or coma	Treat symptoms, such as shock Maintain body temperature Maintain adequate airway Seek medical help immediately
Marijuana	Increase in heart rate Lack of coordination Reddening of the eyes	Reduce sensory input Use a calm reassuring voice Detain client/patient until symptoms are clear
Cocaine	Increased respiratory rate Increased body temperature Severe tremors Dilated pupils Increased heart rate Increased blood pressure	Protect the client/patient from intentional or accidental harm Maintain open airway Maintain body temperature Monitor blood pressure Treat circulatory difficulty as needed Seek medical help immediately
Inhalants	Irritation of the respiratory tract Respiratory depression Cardiac arrhythmias Slurred speech Transient ataxia Unpleasant odor on client/patient's breath	Remove any obstacles to airway passage Give respiratory assistance if breathing stops Seek medical help immediately
Depressants	Reduction in mental and physical activity Rapid, shallow respiration Low blood pressure Shock Coma Loss of superficial reflexes EEG shows a "burst-suppression" pattern Renal failure	Maintain body temperature Maintain adequate airway Seek medical help immediately

MOST COMMONLY ABUSED DRUGS

Drug	Signs of Intoxication/Overdose	Emergency Interventions
Narcotics	Reduction in awareness May be asleep, in a stupor, or in a coma Very slow respiratory rate Cyanosis may be present Symmetrical and pinpoint pupil size Profuse sweating Decrease in body temperature	Keep client/patient awake Maintain adequate airway Seek medical help immediately
Phencyclidine (PCP)	Vertigo Skin flushing Enhanced reflexes Constricted pupils Decreased respiration Seizures Body rigidity	Maintain adequate airway Monitor blood pressure Reduce sensory input Protect the client/patient from intentional or accidental self harm Seek medical help immediately
Stimulants	Confusion Disorganization Irritability Fear Aggressiveness Delusions and hallucinations	Protect the client/patient from intentional or accidental harm Maintain open airway Maintain body temperature Seek medical help immediately
Hallucinogens	Increased heart rate Increased blood pressure Increased body temperature Dilated pupils Severe hallucinations Loss of emotional control	Calm patient down Protect the client/patient from intentional or accidental self harm Monitor blood pressure and body temperature and treat accordingly Seek medical help immediately

ANOREXIA NERVOSA

Anorexia nervosa is a serious illness involving self-starvation and intense psychological characteristics. People suffering anorexia nervosa try to become increasingly thinner. They use a variety of methods to achieve this thinness, including excessive exercise, vomiting, and the use of laxatives. They believe that if they become thin enough, many of their problems will be solved.

The incidence of anorexia nervosa is unknown, but estimates are that 1 percent of all American women suffer from anorexia nervosa. Approximately 10 percent of all people with anorexia nervosa are male. The incidence is higher in affluent families than elsewhere, and the incidence of anorexia nervosa at major universities is significantly higher than in the general population.

Diagnostic criteria for anorexia nervosa includes the following five items.

1. Intense fear of becoming obese, which is unaffected by any weight loss.
2. Distortions of body image.
3. Refusal to maintain body weight even at a minimum level.
4. In females, absence of menstrual cycle when otherwise it would be expected (amenorrhea).
5. Lack of any physical illness that would account for the weight loss.

INDICATIONS OF ANOREXIA NERVOSA

Behavioral assessment data

- Compulsive dieting even when not overweight
- Excessive activity and exercise
- Frequent weighing
- Use of laxatives and/or vomiting to control weight
- Strange food-related behaviors
- Intermittent episodes of binge-eating
- Repetitive behaviors
- Unusual eating habits
- High achievement
- Reduction or avoidance of normal sexual activity
- Claiming to "feel fat"

- Complaints of feeling bloated or nauseated when eating normal amounts of food
- Denial of hunger

Emotional assessment data

- Distortion of body image
- Frequent mood swings
- Rigid investment in perfectionism
- Denial
- Inability to think clearly
- Black and white thinking
- Low self-esteem
- Low sense of self-control
- Obsessiveness
- Preoccupation with food, calories, nutrition, and/or cooking

Physical and medical assessment data

- Extreme weight change
- Insomnia
- Skin rash and dry skin
- Loss of hair and nail quality
- Dental caries and periodontal disease
- Cessation of menstrual cycle
- Frequent headaches
- Delayed pubertal and sexual development
- Fat depletion
- Decreased gastrointestinal motility
- Serious electrolyte imbalances
- Hypokalemia
- Renal impairment
- Hypothermia
- Constipation

Contributing factors

- Poor coping skills
- Western cultural emphasis on thinness
- History of illness in other family members
- Rigid family systems
- Over-involved family systems
- Lack of meaningful peer relationships

BULIMIA NERVOSA

Bulimia nervosa is an illness involving binge eating. It typically involves extremely frequent and regular self-induced vomiting. Those suffering bulimia nervosa tend to assess themselves and their self-worth based on the weight they observe on the scale. Usually those suffering bulimia nervosa maintain a normal body weight.

The incidence of bulimia nervosa is estimated to range between 8 and 19 percent for American women. However, it is estimated that between 26 and 79 percent of women participate in binge-eating behavior. The incidence of bulimia nervosa is restricted almost exclusively to affluent societies.

Diagnostic criteria for bulimia nervosa include the following five items.

1. Repeated episodes of binge eating.
2. A feeling of lack of control over eating behavior during the binges.
3. The regular involvement in self-induced vomiting, use of laxatives, strict dieting, fasting, and/or vigorous exercise in order to prevent weight gain.
4. A minimum average of two binge-eating episodes per week for at least three months.
5. Persistent over-concern with body shape and weight.

INDICATIONS OF BULIMIA NERVOSA

Behavioral assessment data

- Binge-eating with high-calorie, sweet, or salty foods
- Strict dieting followed by eating binges
- Frequent binge-eating when distressed
- Secretiveness about binge/vomit cycle
- Planning binges or planning opportunities to vomit
- Disappearing after a meal to purge
- Use of laxatives, diuretics, emetics, and diet pills
- Financial problems, usually related to extreme food purchases
- High achievement
- Superficial, short term sexual relationships
- Associated problems with alcohol and drug abuse

Emotional assessment data

- Distorted body image
- Lethargy
- Black and white thinking
- Low self-esteem
- Perfectionism
- Expression of guilt or shame about eating
- Feeling out of control
- Frequent mood swings
- Preoccupation with weight and calories
- Impulsivity

Physical or medical assessment data

- Loss of tooth enamel and receding gums
- Intestinal problems
- Bloating, swelling, or edema over the stomach
- Irregular or absent menstrual periods
- Dramatic weight fluctuations
- Hypothermia
- Insomnia
- Constipation
- Skin rash and dry skin
- Loss of hair and nail quality
- Fluid and electrolyte abnormalities

Contributing factors

- Western cultural emphasis on thinness
- Lack of coping skills, assertiveness, and autonomy
- Fear of rejection
- Repressive family systems
- Lack of meaningful peer relationships

STEPS OF THE NURSING PROCESS FOR PATIENTS WITH ADDICTIVE/DEPENDENT BEHAVIORS

By using the nursing process, you can plan and provide appropriate nursing care. You will have a major part in assessing addictive/dependent behaviors, in implementing interventions, and will be involved in the analysis, planning, and evaluation process.

ASSESSMENT

A thorough assessment includes:

- **Medical history** — Asking whether or not they have been using drugs or alcohol and asking them to list the drugs they are now taking has been shown to be effective in identifying addictive/dependent behavior. It may not identify the severity of the problem and the individual may attempt to hide or deny the extent of the addictive/dependent behavior. Additional indicators to be noted include a history of traumatic incidents in excess of what would be expected, given the individual's occupation and activities: bizarre infections, hepatitis, subacute bacterial endocarditis, fungal infections of the heart valves, malnutrition, seizures beginning between the ages of 10 and 30, pulmonary problems, and general debilitation.

- **Social history** — In attempting to determine the severity of addictive/dependent behaviors, obtain information on educational background, employment history, family constellation, social interactions, extracurricular activities, and hobbies

- **Psychological history** — Take the psychological history not to determine mental illness, but to determine whether psychological or psychiatric problems exist. Difficulties such as thought disorders, mood disturbances, problems with impulse control, sexual dysfunction, paranoia, anxiety, and suicidal or homicidal ideations should all be assessed.

- **Current behaviors** — Behavior during the assessment will tell much about patients' present functioning. Manipulative, seductive, suspicious, evasive, or erratic behaviors may be present.

- **Physical examination** — During any physical exam, certain physical symptoms of addictive/dependent behavior will be noted and should be identified as possible indicators of such behavior. These include tracks (from multiple, long term hypodermic injections), pop scars, abscesses and skin infections, edema of the hand, accidental tattoos, ulceration of the nasal septum, tourniquet pigmentation, cracked skin at the corners of the mouth, contact dermatitis, dental disorders, and jaundice.

ANALYSIS

Once the assessment is completed, the RN will organize and interpret the information to determine the person's health problems. If it is determined that an addictive/dependent problems exists, the severity of the problem must be estimated. Frequently, this process is completed by a treatment team and the LPN is usually a part of this team.

PLANNING

In planning for care, a treatment approach must correspond with the problem and the severity. There are various levels of treatment that may be utilized, and in many cases several of these are used in combination.

- **Self-help groups** — Self-help groups, such as Alcoholics Anonymous, provide social support, education, and an understanding associate to help master addictive/dependent behavior. These groups are run by non-professionals who are usually in the advanced stages of recovery themselves.

- **Medication therapy** — Medication therapy uses some substance to help the person master the addictive/dependent behavior. Part of the success of some of these programs is education and social support, especially in the areas of lifestyle (housing, employment, etc.). These programs may use a substance to help with the withdrawal of the abused substance, such as methadone for heroin, or may use a substance to counteract the abuse substance, such as antabuse for alcohol. Medical supervision is required with medication therapy.

- **Individual outpatient therapy** — Individual outpatient therapy uses one-on-one psychotherapy to help master the addictive/dependent behavior. The patient will attend regular psychotherapy meetings with a trained professional to help deal with the addictive/dependent behavior, the underlying causes, and the resultant consequences.

- **Group outpatient therapy** — The person will attend regular group psychotherapy meetings with a trained professional to help deal with the addictive/dependent behavior, the underlying causes, and the resultant consequences. In many instances, the group will consist of other people with addictive/dependent problems.

- **Family therapy** — The entire family works with a trained professional, at times including extended family members, to help the family change the patterns that encourage the patient's addictive/dependent behavior.

- **Inpatient treatment** — Inpatient treatment uses short-term (approximately 30 days) hospitalization to interrupt the addictive/dependent patterns and teach the person new interactional patterns. These treatment facilities generally utilize both professionals and non-professionals and offer intense treatment programs.

- **Therapeutic communities** — Therapeutic communities are long-term treatment facilities, some as long as 2 and 3 years. The objective is to completely restructure the patient's patterns of thinking, feeling, acting, and interacting with others.

Because each person with an addictive/dependent problem will present unique challenges, each plan will be unique as well. However, guidelines include:

- Goals should be realistic. The process of recovery will take years and you should try to identify realistic goals that can be met within the time frame that you will be working with the individual.

- Understand the natural course of the problem.

- Keep the plan simple. Patients' thinking abilities may be impaired.

- Goals should be concrete and measurable.

- Goals must be broken down into small steps. Addictive/dependent problems tend to require long-term treatment.

- Give responsibility for getting better to the client/patient. Individuals with addictive/dependent problems usually have many other people who have taken responsibility for them. They don't need another one.

IMPLEMENTATION

Once an appropriate plan is established, it must be implemented.

When dealing with addictive/dependent problems, it is important to

- Gain the client/patient's trust.
- Provide good therapeutic communication.
- Be willing to gently confront patients with the evidence of their addictive/dependent behavior.
- Protect their confidentiality (as much as possible) and inform them early in the process as to where and when confidentiality cannot be kept.
- Work toward completion of goals that have been agreed upon by the client/patient.

EVALUATION

Evaluation of progress should be an ongoing process. Due to the long-term nature of addictive/dependent problems and the necessity for small goals, new goals should constantly be developed. Evaluation should address the specific goals that were previously established.

PRINCIPLES OF DETOXIFICATION

- Assess the level of tolerance and the degree of dependency.
- Assess the person's physical and emotional status.
- Monitor client/patient's vital signs on a regular basis.
- Be aware of the specific, life-threatening, withdrawal reactions for each of the substances the patient has been taking; continually assess the client/patient for signs of these reactions; and develop a plan to deal with these reactions if they begin to appear.
- If a psychological crisis is occurring, stabilize the substance use pattern, resolve the crisis, then initiate detoxification.
- Administer long-acting substances for short-acting substances as prescribed by the attending physician.
- Be prepared to deal with individual's anger, anxiety, hostility, and agitation.
- Address issues of denial, projection, and rationalization.
- As much as is feasible, be accommodating to the client/patient's physical reactions (i.e. chills, abdominal cramps, fatigue, etc.).
- Avoid giving an excessive amount of the withdrawal drug. Some clients/patients exaggerate or misinterpret their physical withdrawal symptoms.
- Encourage all clients/patients to consider some form of treatment and help them develop an aftercare plan.

12-STEP PROGRAM OF ALCOHOLICS ANONYMOUS

There are many different modalities and methods used in the treatment of alcoholism and drug abuse. Most inpatient settings and therapeutic communities incorporate some aspect or aspects of the disease model in their treatment of addictive/dependent behaviors.

The disease model has these underlying assumptions:

- There is a specific cause for the disease
- The individual is unable to control the disease
- The individual is unable to make positive and lasting changes without the help of other people.

Treatment modalities using the disease model almost always incorporate some form of the Alcoholics Anonymous program including its *Twelve Steps*. Other organizations (Narcotics Anonymous, Overeaters Anonymous, etc.) have modified these steps with permission to be able to address the specific issues faced by their members, but the outline and concepts are extremely similar.

One important aspect of the AA program is the use of a sponsor. A sponsor is a member who is in the advanced stages of recovery and who is available to the new individual for support, advice, and comfort.

For AA members, the first three steps are the most important:

- The admission of the problem, the belief that one can be helped, and the decision to change one's life.

A synopsis of the *Twelve Steps* of the AA program is provided on the following page.

Twelve Steps

We

1. Admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and, when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His Will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

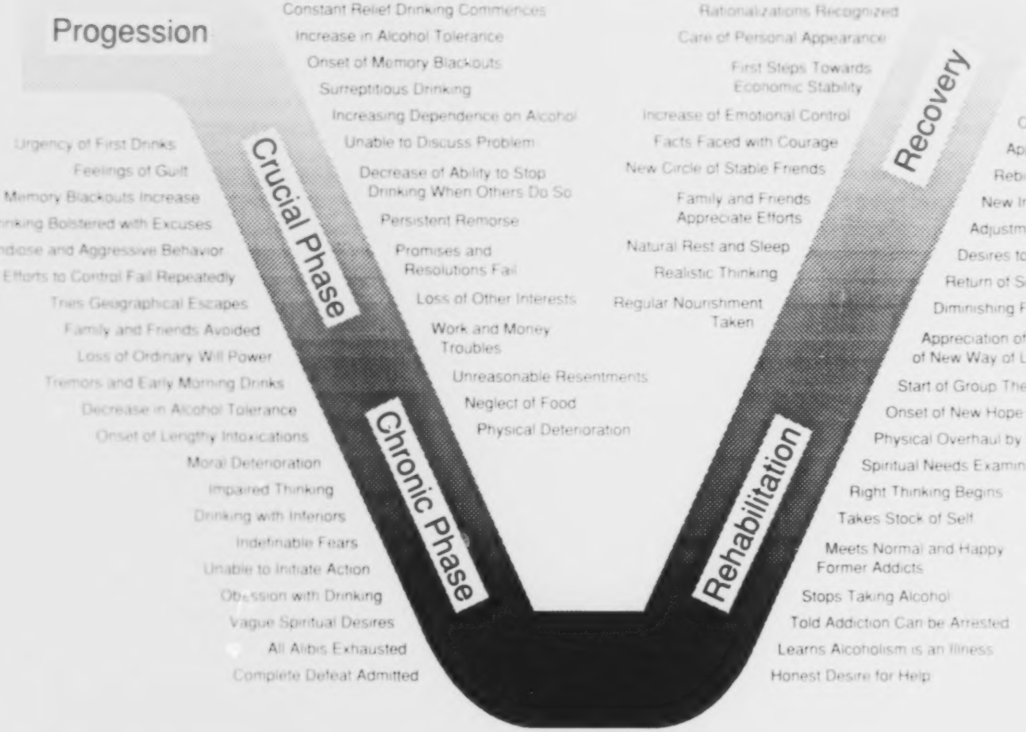
The *Twelve Steps* are reprinted with permission of Alcoholics Anonymous World Services, Inc. Permission to reprint the *Twelve Steps* does not mean that AA has reviewed or approved the contents of this publication, nor that AA agrees with the views expressed herein. AA is a program of recovery from alcoholism. Use of the *Twelve Steps* in connection with programs and activities which are patterned after AA but which address other problems does not imply otherwise.

PROGRESSION AND RECOVERY OF ALCOHOLISM

Many professionals who work with recovery describe addictive/dependent behaviors as progressive diseases. They describe a typical pattern or path that the addictive/dependent person follows in the progression through the disease as well as through the recovery. Many professionals speak of the person "bottoming out" or reaching their lowest point before being able and willing to begin the process of recovery. The following diagram was specifically designed for alcoholism, however, all addictive/dependent behaviors will follow a similar path.

The Progression and Recovery of the Alcoholic in the Disease of Alcoholism

To be read from left to right.



Urgency of First Drinks
Feelings of Guilt
Memory Blackouts Increase
Drinking Bolstered with Excuses
Grandiose and Aggressive Behavior
Efforts to Control Fail Repeatedly
Tries Geographical Escapes
Family and Friends Avoided
Loss of Ordinary Will Power
Tremors and Early Morning Drinks
Decrease in Alcohol Tolerance
Onset of Lengthy Intoxications
Moral Deterioration
Impaired Thinking
Drinking with Inferiors
Indefinable Fears
Unable to Initiate Action
Obsession with Drinking
Vague Spiritual Desires
All Alibis Exhausted
Complete Defeat Admitted

Occasional Relief Drinking
Constant Relief Drinking Commences
Increase in Alcohol Tolerance
Onset of Memory Blackouts
Surreptitious Drinking
Increasing Dependence on Alcohol
Unable to Discuss Problem
Decrease of Ability to Stop Drinking When Others Do So
Persistent Remorse
Promises and Resolutions Fail
Loss of Other Interests
Work and Money Troubles
Unreasonable Resentments
Neglect of Food
Physical Deterioration

Obsessive Drinking Continues in Vicious Circles

Group Therapy and Mutual Help Continue
Rationalizations Recognized
Care of Personal Appearance
First Steps Towards Economic Stability
Increase of Emotional Control
Facts Faced with Courage
New Circle of Stable Friends
Family and Friends Appreciate Efforts
Natural Rest and Sleep
Realistic Thinking
Regular Nourishment Taken

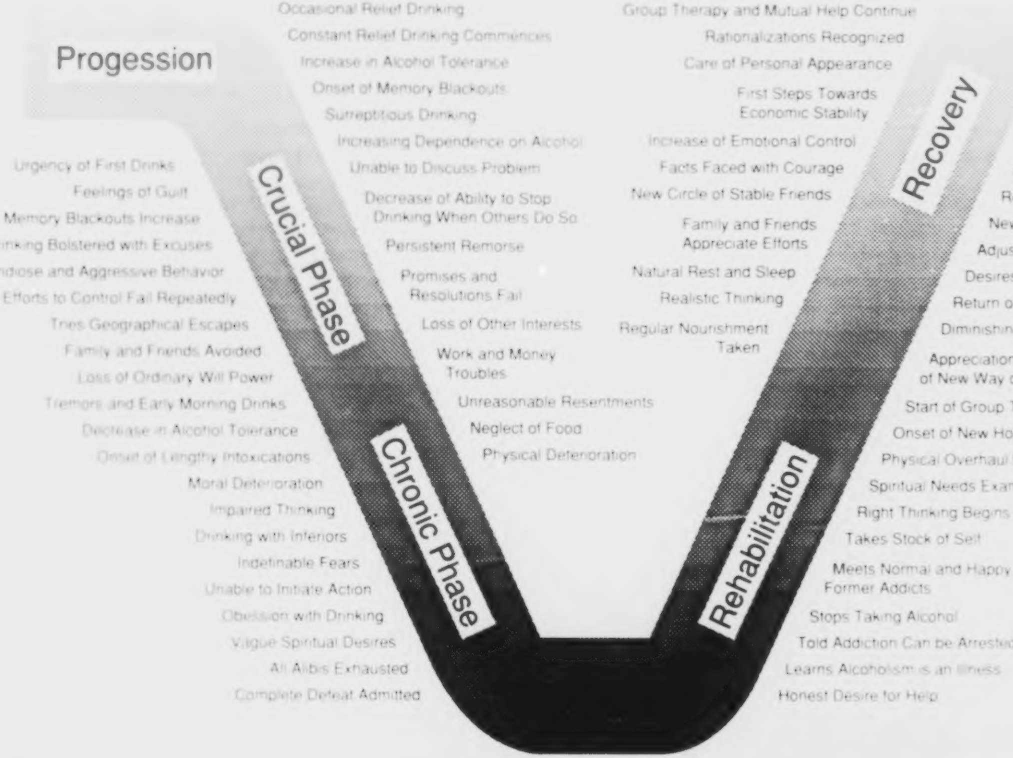
Enlightened and Interesting Way of Life Opens Up with Road Ahead to Higher Levels than Ever Before

Increasing Tolerance
Contentment in Sobriety
Confidence of Employers
Appreciation of Real Values
Rebirth of Ideals
New Interests Develop
Adjustment to Family Needs
Desires to Escape Goes
Return of Self Esteem
Diminishing Fears of the Unknown Future
Appreciation of Possibilities of New Way of Life
Start of Group Therapy
Onset of New Hope
Physical Overhaul by Doctor
Spiritual Needs Examined
Right Thinking Begins
Takes Stock of Self
Meets Normal and Happy Former Addicts
Stops Taking Alcohol
Told Addiction Can be Arrested
Learns Alcoholism is an Illness
Honest Desire for Help

Courtesy of *CAREUNIT PROGRAM Comprehensive Care Corporation*

The Progression and Recovery of the Alcoholic in the Disease of Alcoholism

To be read from left to right.



Occasional Relief Drinking
Constant Relief Drinking Commences
Increase in Alcohol Tolerance
Onset of Memory Blackouts
Surreptitious Drinking
Increasing Dependence on Alcohol
Unable to Discuss Problem
Decrease of Ability to Stop Drinking When Others Do So
Persistent Remorse
Promises and Resolutions Fail
Loss of Other Interests
Work and Money Troubles
Unreasonable Resentments
Neglect of Food
Physical Deterioration

Urgency of First Drinks
Feelings of Guilt
Memory Blackouts Increase
Drinking Bolstered with Excuses
Grandiose and Aggressive Behavior
Efforts to Control Fail Repeatedly
Tries Geographical Escapes
Family and Friends Avoided
Loss of Ordinary Will Power
Tremors and Early Morning Drinks
Decrease in Alcohol Tolerance
Onset of Lengthy Intoxications
Moral Deterioration
Impaired Thinking
Drinking with Inferiors
Indefinable Fears
Unable to Initiate Action
Obsession with Drinking
Vague Spiritual Desires
All Alibis Exhausted
Complete Defeat Admitted

Obsessive Drinking Continues in Vicious Circles

Enlightened and Interesting Way of Life Opens Up with Road Ahead to Higher Levels than Ever Before

Group Therapy and Mutual Help Continue
Rationalizations Recognized
Care of Personal Appearance
First Steps Towards Economic Stability
Increase of Emotional Control
Facts Faced with Courage
New Circle of Stable Friends
Family and Friends Appreciate Efforts
Natural Rest and Sleep
Realistic Thinking
Regular Nourishment Taken

Increasing Tolerance
Contentment in Sobriety
Confidence of Employers
Appreciation of Real Values
Rebirth of Ideals
New Interests Develop
Adjustment to Family Needs
Desires to Escape Goes
Return of Self Esteem
Diminishing Fears of the Unknown Future
Appreciation of Possibilities of New Way of Life
Start of Group Therapy
Onset of New Hope
Physical Overhaul by Doctor
Spiritual Needs Examined
Right Thinking Begins
Takes Stock of Self
Meets Normal and Happy Former Addicts
Stops Taking Alcohol
Told Addiction Can be Arrested
Learns Alcoholism is an Illness
Honest Desire for Help

Courtesy of *CAREUNIT PROGRAM Comprehensive Care Corporation*

ACTIVITY SHEET I

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS III

NAME ______________________________ SCORE ________

CO-DEPENDENCY AND THE FAMILY IN ADDICTIVE/DEPENDENT BEHAVIORS

INTRODUCTION

When an individual has an addiction/dependency problem, the entire family suffers. In many cases, a family member will have a crisis related to the addictive/dependent behavior rather than to the dependent person him/herself.

Co-dependency is a set of maladaptive behaviors learned by family members in order to survive in a dysfunctional family when it is experiencing great emotional pain and stress because of another member's addictive/dependent behavior. There are several types of assessment data that identify co-dependency in family members.

- Modification of self-identity, actions, and feelings in order to please others.
- Feelings of responsibility to meet the needs of others even at the expense of their own needs.
- Low self-esteem.
- Compulsive drives (trying to keep the family together, to be a good spouse, to have perfect children, etc.).
- Active use of denial.
- Distorted view of capabilities and willpower.
- Rigid family structures.
- Authoritarianism.
- Poor family communication.
- Ambiguous family boundaries (children perform parental roles and parents perform the children's roles).

DIRECTIONS

Use the following scenario to answer the questions below.

Scenario

Ron had come to the hospital early in the morning after suffering from respiratory failure and low body temperature. He was suspected to be suffering from an overdose of some form of opioid. No tracks were found on his body and it is assumed he ingested the drug orally. His vital signs are presently stable and the acute physical crisis has passed. He is conscious, but sleeps a lot.

Ron is 38 years old, married, and has two sons, ages 16 and 13. He works as a lab technician at the hospital and has had the position for about 8 years. As you come on duty, his wife, Gina, and oldest son, Jeff, are also coming onto the ward. Gina appears agitated, nervous, and somewhat unkempt. The hospital staff called them about Ron's condition when he was brought to the hospital, but they are just now getting to the hospital. Jeff explains that Gina was in no condition to come to the hospital until now. He implies that she has been out of control and hysterical.

Gina feels that it was her fault Ron is now in the hospital. "We had a fight last night, and that's why he left." She makes statements such as "I can't believe I almost killed my husband. I didn't mean to, honest." Jeff comforts her and tries to convince her, it wasn't her fault. Jeff seems to be much more in control than Gina. In order to help calm the situation, you talk to Jeff. Jeff is a sophomore in high school, and is a starter on the school basketball team. "Is my dad going to be well enough to see me play tomorrow night. He really likes to watch me play." You also find out that Roger, the younger son, refused to come to the hospital. "He's a real pain in the neck. I think that sometimes Dad leaves just because of him," says Jeff. Jeff also says that he doesn't think his father was on any drugs and wants to make sure Ron is checked for other problems. "My dad would never take drugs. Roger might, but not Dad." Jeff reports that his father does drink some but not much. "He's no alcoholic or anything. Dad worries about Roger and Mom a lot. I know worrying about them keeps him up at night sometimes. He's tried about everything he knows to make Roger mind. So have I. Nothing seems to work."

Jeff explains that his mother has never been very strong but that it is OK, he makes sure things go OK around the house. He says that, "Dad doesn't say much around the house but when he does, we all listen. He's the boss. And sometimes he gets really mad when we don't listen. Usually, it's Roger."

1. What indicates this family is dealing with an addiction/dependency problem?

2. What stage of addiction/dependency is this family in?

3. What phase of a crisis is this family in?

4. Describe a possible crisis intervention with this family. Be specific.

5. Please describe how you would help this family set goals. Include specific statements about how you and the family would achieve these goals.

ACTIVITY ANSWERS

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS

ACTIVITY SHEET 1

1. - Respiratory failure
   - Low body temperature
   - Gina is out of control and oldest son is being the parent.
   - Gina is taking responsibility for overdose.
   - Jeff wants to please his father.
   - Roger doesn't participate with family.
   - Ron drinks.
   - Authoritarian, rigid family structure

2. Early stage

3. Adaptive coping phase

4. Description should include:

   - Gain the family's trust.
   - Complete a thorough assessment of needs.
   - Define the problem.
   - Determine what's already been tried.
   - Assist the RN to establish goals.
   - Assist the RN to develop plans.
   - Specify the mechanisms to implement plans.
   - Assess effectiveness of implementation.
   - Help family reorganize and avoid future similar crisis situations.

5. Statements should reflect the following.

   - Goals are related to previous functioning.
   - Present an air of calm.
   - Give the family as much control as possible.
   - Provide structure.
   - Facilitate the family controlling their environment.
   - Set limited goals.
   - Make concrete plans for the future.
   - Foster hope and positive expectations.
   - Involve other aspects of the family's support system.
   - Encourage a positive and effective self-image within the family.

ASSIGNMENT SHEET 1

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS

III

NAME ______________________________ SCORE ________

OBJECTIVE 6 **Research community resources.**

INTRODUCTION

When dealing with addictive/dependent behaviors, it is important to involve the appropriate treatment facility or agency. In order to do this, one needs to know what resources are available in the community.

DIRECTIONS

Please read Supplement 5 before completing this assignment sheet. Research your own community and determine what resources are available for dealing with addictive/dependent behaviors. You could check the phone book, ask friends, talk to the police, and ask facilities for other referral sources. Find out the name of the agency or facility, address, telephone number, population served, hours of operation, type of treatment (out-patient, residential, self-help group, etc.), costs, and the procedure for referral.

SELF-HELP GROUPS

1. Name of the agency. ____________________

   Address. ____________________

   Telephone number. ____________________

   Populations served. ____________________

   Hours of operation. ____________________

   Costs. ____________________

   Procedure for referral. ____________________

2. Name of the agency. ____________________

   Address. ____________________

   Telephone number. ____________________

   Populations served. ____________________

   Hours of operation. ____________________

   Costs. ____________________

   Procedure for referral. ____________________

3. Name of the agency. ____________________

Address. ____________________

____

____

Telephone number. ____________________

Populations served. ____________________

Hours of operation. ____________________

Costs. ____________________

Procedure for referral. ____________________

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4. Name of the agency. ____________________

Address. ____________________

____

____

Telephone number. ____________________

Populations served. ____________________

Hours of operation. ____________________

Costs. ____________________

Procedure for referral. ____________________

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MEDICATION THERAPY

1. Name of the agency. ______________________

   Address. ______________________

   ____

   ____

   Telephone number. ______________________

   Populations served. ______________________

   Hours of operation. ______________________

   Costs. ______________________

   Procedure for referral. ______________________

   ____

   ____

   ____

2. Name of the agency. ______________________

   Address. ______________________

   ____

   ____

   Telephone number. ______________________

   Populations served. ______________________

   Hours of operation. ______________________

   Costs. ______________________

   Procedure for referral. ______________________

   ____

   ____

   ____

3. Name of the agency. ______________________________

Address. ______________________________

____

____

Telephone number. ______________________________

Populations served. ______________________________

Hours of operation. ______________________________

Costs. ______________________________

Procedure for referral. ______________________________

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4. Name of the agency. ______________________________

Address. ______________________________

____

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Telephone number. ______________________________

Populations served. ______________________________

Hours of operation. ______________________________

Costs. ______________________________

Procedure for referral. ______________________________

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INDIVIDUAL OUTPATIENT THERAPY

1. Name of the agency. ____________________

   Address. ____________________

   ____

   ____

   Telephone number. ____________________

   Populations served. ____________________

   Hours of operation. ____________________

   Costs. ____________________

   Procedure for referral. ____________________

   ____

   ____

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   ____

2. Name of the agency. ____________________

   Address. ____________________

   ____

   ____

   Telephone number. ____________________

   Populations served. ____________________

   Hours of operation. ____________________

   Costs. ____________________

   Procedure for referral. ____________________

   ____

   ____

   ____

3. Name of the agency. ____________________

Address. ____________________

____

____

Telephone number. ____________________

Populations served. ____________________

Hours of operation. ____________________

Costs. ____________________

Procedure for referral. ____________________

____

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4. Name of the agency. ____________________

Address. ____________________

____

____

Telephone number. ____________________

Populations served. ____________________

Hours of operation. ____________________

Costs. ____________________

Procedure for referral. ____________________

____

____

____

____

GROUP OUTPATIENT THERAPY

1. Name of the agency. ______________________________

   Address. ______________________________

   ____

   ____

   Telephone number. ______________________________

   Populations served. ______________________________

   Hours of operation. ______________________________

   Costs. ______________________________

   Procedure for referral. ______________________________

   ____

   ____

   ____

   ____

2. Name of the agency. ______________________________

   Address. ______________________________

   ____

   ____

   Telephone number. ______________________________

   Populations served. ______________________________

   Hours of operation. ______________________________

   Costs. ______________________________

   Procedure for referral. ______________________________

   ____

   ____

   ____

3. Name of the agency. ______________________

Address. ______________________

____

____

Telephone number. ______________________

Populations served. ______________________

Hours of operation. ______________________

Costs. ______________________

Procedure for referral. ______________________

____

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____

____

4. Name of the agency. ______________________

Address. ______________________

____

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Telephone number. ______________________

Populations served. ______________________

Hours of operation. ______________________

Costs. ______________________

Procedure for referral. ______________________

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FAMILY THERAPY

1. Name of the agency. ______________________

   Address. ______________________

   ____

   ____

   Telephone number. ______________________

   Populations served. ______________________

   Hours of operation. ______________________

   Costs. ______________________

   Procedure for referral. ______________________

   ____

   ____

   ____

   ____

2. Name of the agency. ______________________

   Address. ______________________

   ____

   ____

   Telephone number. ______________________

   Populations served. ______________________

   Hours of operation. ______________________

   Costs. ______________________

   Procedure for referral. ______________________

   ____

   ____

   ____

3. Name of the agency. ______________________________

Address. ____________________________________

Telephone number. ______________________________

Populations served. ______________________________

Hours of operation. ______________________________

Costs. ______________________________________

Procedure for referral. ____________________________

4. Name of the agency. ______________________________

Address. ____________________________________

Telephone number. ______________________________

Populations served. ______________________________

Hours of operation. ______________________________

Costs. ______________________________________

Procedure for referral. ____________________________

INPATIENT TREATMENT

1. Name of the agency. ________________

   Address. ________________

   Telephone number. ________________

   Populations served. ________________

   Hours of operation. ________________

   Costs. ________________

   Procedure for referral. ________________

2. Name of the agency. ________________

   Address. ________________

   Telephone number. ________________

   Populations served. ________________

   Hours of operation. ________________

   Costs. ________________

   Procedure for referral. ________________

3. Name of the agency. ____________________

Address. ____________________

Telephone number. ____________________

Populations served. ____________________

Hours of operation. ____________________

Costs. ____________________

Procedure for referral. ____________________

4. Name of the agency. ____________________

Address. ____________________

Telephone number. ____________________

Populations served. ____________________

Hours of operation. ____________________

Costs. ____________________

Procedure for referral. ____________________

THERAPEUTIC COMMUNITIES

1. Name of the agency. ______________________

   Address. ______________________

   ____

   ____

   Telephone number. ______________________

   Populations served. ______________________

   Hours of operation. ______________________

   Costs. ______________________

   Procedure for referral. ______________________

   ____

   ____

   ____

   ____

2. Name of the agency. ______________________

   Address. ______________________

   ____

   ____

   Telephone number. ______________________

   Populations served. ______________________

   Hours of operation. ______________________

   Costs. ______________________

   Procedure for referral. ______________________

   ____

   ____

   ____

3. Name of the agency. ____________________

Address. ____________________

____

____

Telephone number. ____________________

Populations served. ____________________

Hours of operation. ____________________

Costs. ____________________

Procedure for referral. ____________________

____

____

____

____

4. Name of the agency. ____________________

Address. ____________________

____

____

Telephone number. ____________________

Populations served. ____________________

Hours of operation. ____________________

Costs. ____________________

Procedure for referral. ____________________

____

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____

ASSIGNMENT SHEET 2

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS III

NAME ____________________ SCORE ______

OBJECTIVE 7

Apply the nursing process to a client/patient with a chemical dependency.

INTRODUCTION

The nursing process is a five-step, systematic, rational method of planning and providing nursing care and is very similar to the steps of crisis intervention. The steps in the nursing process are assessment, analysis, planning, implementation, and evaluation.

DIRECTIONS

Please read Supplement 5 before completing this assignment sheet. After reading Supplement 5, use the following scenario to answer the questions below.

Scenario

Two women come into the emergency room, one helping the other. When they come close, you immediately smell a strong alcohol odor. The woman doing the helping is named Marie, and says that the other woman is her sister, Belinda. She says that her sister drove the car into the garage, but didn't stop when she came to the end of the garage. A portion of the wall fell on top of the car and shattered the windshield. Belinda has multiple cuts and bruises on her face, head, hands, and shoulders.

1. Describe your procedure for assessing an addictive/dependent behavior in this situation. Be specific. Include areas to be assessed and questions to be asked.

Belinda has been drinking for several hours. She states that she has only had about 6 beers. Her sister reports that Belinda had two in the time it took her to get ready to bring Belinda to the hospital. Belinda says "That's right, and 4 more while I was at "The Joint" and begins to laugh wildly. Marie says "What were you doing there?". Belinda, "It's the only place I know that stays open past 2 o'clock." Belinda continues to laugh. That bar has a reputation for being "rough".

The examination indicates her blood pressure is high and she has numerous cuts and scratches, as well as numerous bruises at various stages of healing. She has some antibiotics, "For a cold I've had the last couple of weeks," and some medication for ulcers. Breath analysis indicates a blood alcohol level of .12.

Belinda is a 31 year old female. She is divorced and has two children. However, her ex-husband has custody of the children. Marie says Belinda is employed but Belinda says "I don't work for nobody but myself." She has been unemployed for approximately two weeks. Additionally, she has recently moved to her present rental house. This was also unknown to her sister. She has two sisters and two brothers, but only has contact with Marie. "My whole family is a bunch of fuddy-duddys, except you, Marie. My old man is a drunk," giggle, giggle, "Just like me. And I don't need them. I don't need anybody. I get along just fine by myself." Marie says that Belinda and the rest of the family don't get along and haven't had much contact in the last 10 years.

When you speak with Marie alone, she reports that Belinda has been drinking more and more lately. Even when sober she doesn't seem to want to do anything, not even those things she used to find enjoyable, like going to garage sales. Sometimes she will say she'll go but doesn't show up.

While you're speaking with Marie, Belinda begins to cry quietly. When asked what the matter is, Belinda says "None of your damn business. If I want to cry, I'll cry. You got any food around here. I haven't eaten since early this morning .... or early yesterday morning."

You ask her if she has anyplace to stay besides her house. She says no. "What about Kelley's or Niki's?" asks Marie. Belinda answers "I don't see them anymore. They're old fuddy-duddys. I told them to take a hike."

Belinda begins to cry again and Marie tries to comfort her. Belinda tells Marie "You know, you really wouldn't like me if you knew what I was really like. I'm not a drunk, I really ain't, but I've done some bad, bad, things. Like tonight.....". She then stops and refuses to finish. She says "I got to go. I don't have any money to pay for no hospital bill." Marie says, "When you came to my house tonight, you asked me to help. I'll pay for this emergency visit." Belinda says "I wasn't over at your house tonight."

2. What information indicates addictive/dependent behavior in this case?

3. At what stage is this addictive/dependent behavior?

4. What type of substance do you suspect is being abused?

5. What are some of the guidelines to remember when implementing the plan of treatment for Belinda?

6. How would you evaluate the effectiveness of your implementation?

ASSIGNMENT ANSWERS

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS

III

ASSIGNMENT SHEET 1

Community resources should be identified and all requested information should be provided.

ASSIGNMENT SHEET 2

1. Questions should address the following areas:
    - Medical history
    - Social history
    - Psychological history
    - Current behaviors
    - Physical examination
2.
    - Being helped by sister
    - Strong alcohol smell
    - Automobile accident
    - Continued drinking even after the accident
    - Going to "rough" bar
    - Uncontrolled laughing and crying
    - Going to a place that is "open after 2 o'clock"
    - High blood pressure
    - Repeated cuts and bruises
    - Medication for ulcers
    - Antibiotics
    - .12 blood alcohol level
    - Divorced (increased stress)
    - Ex-husband has custody of children
    - Unemployed
    - Recent move
    - Poor family relationships
    - Father is "drunk"
    - Low self-esteem, "old man's a drunk, just like me."
    - Increase in alcohol consumption
    - Lack of interest
    - Undependable
    - Hostility
    - Not eating all day
    - Dropping of friends
    - Lack of money
    - Loss of memory
3. Middle stage
4. Alcohol

5.
  - Plan should agree with the severity of the problem.
  - Plan should include, self-help groups, inpatient treatment, and possibly medication therapy.
  - Goals should be realistic.
  - Answers should integrate the natural course of the problem.
  - Plan should be simple.
  - Goals should be concrete and measurable.
  - Goals should be in small steps.
  - Responsibility for getting better should be given to the client/patient.

6.
  - Evaluation should be ongoing.
  - New goals should constantly be developed.
  - Evaluation should address the specific goals that were previously established.

WRITTEN TEST

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS III

NAME ______________________________ SCORE ______

OBJECTIVE 1

Match terms associated with addictive/dependent behaviors to their correct definitions. Write the correct letter in the blank.

______1. A class of substances that produces feelings of well being, wakefulness, alertness, relief from fatigue, and increased energy

______2. A group of structurally dissimilar substances that cause vivid sensory distortions and marked alterations in mood and thought

______3. A group of substances that slows or reduces functioning of the brain and other parts of the central nervous system; also known as sedatives and hypnotics

______4. A group of substances, most of which are volatile solvents, that are abused by breathing them in and which produce a sense of euphoria and a relaxation of inhibitions

______5. A liquid substance that produces a feeling of well-being and mild relaxation of inhibitions

a. Alcohol

b. Anorexia nervosa

c. Bulimia nervosa

d. Co-dependency

e. Cocaine

f. Cross-tolerance

g. Delirium tremens (DTs)

h. Dependence

i. Depressants

j. Detoxification

k. Drug abuse

l. Euphoria

m. Hallucinogens

n. Hypnotics

o. Inhalants

p. Intoxication

q. Marijuana

r. Opioids

s. Stimulants

OBJECTIVE 2

Match the four stages of addictive/dependent behaviors with their descriptions. Write the correct letter in the blank.

_____ 1. The stage in which the person begins to use moderate amounts of the substance. Users may change their friends or activities as their behavior begins to revolve around using the substance. Their moods move from a normal state to one of euphoria and back to a normal state.

_____ 2. The stage in which users notice a tolerance effect. They begin to use more than moderate amounts of the substance. Problems with others become pronounced, and marked changes in personality are noticed. Alienation of friends is common. They experience a chronic loss of control over their addictive/dependent behavior. Their moods range from normal to euphoria, but then move to a state of pain after the effects have worn off.

_____ 3. The stage in which the person uses the substance on an infrequent basis and/or only when offered by friends. There are few behavioral signs and symptoms of use and the ability to function is seldom impaired.

a. Pre-abuse stage

b. Early stage

c. Middle stage

d. Late stage

______4. The stage in which use of the substance becomes continuous. Users are unable to function without the substance and have very little contact with others. There are usually severe physical problems, and premature death is likely to occur. The substance is used to feel normal; and when not intoxicated, the individual is in a state of pain.

OBJECTIVE 3 **List the interactions between addictive/dependent behaviors and body systems.** List at least three effects of addictive/dependent substances on the body.

1. Alcohol ______________________________

____

____

____

____

____

2. Amphetamines ______________________________

____

____

____

____

____

____

____

3. Cannabis

4. Cocaine

5. Depressants

6. Hallucinogens

7. Inhalants

8. Opiates

9. Phencyclidine (PCP) ______________________________

OBJECTIVE 4 **Describe the detoxification process.**

OBJECTIVE 5 **Match specific withdrawal symptoms to the correct drug types.** Write the correct letter in the blank.

______1. Sleepiness

______2. Hypertension

______3. Hyperphasia

______4. Headaches

______5. Depressed mood

______6. Vomiting

______7. Piloerection

a. Depressant

b. Opioid

c. Stimulant

_______8. Restlessness

_______9. Psychosis (toxic)

______10. Muscle aches

______11. Circulatory collapse

______12. Convulsions

______13. Flushing

______14. Hallucinations

______15. Slowed comprehension

NOTICE The following assignment sheets are not part of the written test. If these activities have not been completed, check with your instructor.

OBJECTIVE 6 **Research community resources.** SCORE ______

OBJECTIVE 7 **Apply the nursing process to a client/patient with a chemical dependency.** SCORE ______

APPLY INFORMATION ABOUT ADDICTIVE/DEPENDENT BEHAVIORS

OBJECTIVE 1

1. r
2. m
3. i
4. n
5. a

OBJECTIVE 2

1. b
2. c
3. a
4. d

OBJECTIVE 3

Answer may include any three from each category.

1. Alcohol
   - Vitamin deficiency
   - Nutritional deficiency
   - Chronic gastritis
   - Ulcers
   - Alcoholic hepatitis
   - Pancreatitis
   - Cirrhosis of the liver
   - Dilation of cutaneous blood vessels
   - Hypertension
   - Organic impairment (seen as perceptual/motor Impairment and slurring even when the client/patient is sober)
2. Amphetamines
   - Heart rate increase
   - Stimulated adrenal grands
   - Increase in blood sugar levels
   - Heart palpitations
   - Cardiovascular collapse
   - Blood vessel constriction
   - Dilation of the pupils
   - Dilation of the bronchial tubes
   - Muscles are tensed
   - If route of administration is intravenous—infections, communicable diseases, and collapsing veins may result
3. Cannabis
   - Increased heart rate
   - Increased peripheral blood flow
   - Rapid fall in blood pressure when standing
   - Increased appetite
   - Bronchial problems (when cannabis is smoked)

4. Cocaine
    - Lung damage
    - Respiratory problems
    - Constriction of the blood vessels
    - Increased blood pressure
    - Heartbeat irregularities
    - Birth defects in children
    - Nasal damage (if drug is sniffed)
    - Injection site infections, hepatitis, and AIDS (if injected)

5. Depressants
    - Decreased heart rate and blood pressure
    - Nervous system is slowed down
    - Decreased visual capacity
    - Progressive respiratory depression

6. Hallucinogens
    - Increased blood pressure
    - Increased heart rate
    - Increased body temperature
    - Rapid deep breathing
    - Suppression of appetite

7. Inhalants
    - CNS depression
    - Respiratory depression
    - Increased heart rate
    - Irregular heartbeat
    - Permanent brain damage
    - Muscle weakness
    - Motor coordination problems
    - Sensitivity to light
    - Nasal inflammation

8. Opiates
    - Decreased gastric motility resulting in constipation
    - Decreased focus on nutrition resulting in malnutrition
    - Reduced oxygen may result in permanent brain damage
    - Reduced respiratory functioning may result in pneumonia and other respiratory problems
    - Pupil constriction
    - Drop in body temperature
    - Infections (including tetanus, viral hepatitis, and AIDS) and collapsing veins due to injections of drugs

9. Phencyclidine (PCP)
    - Increased blood pressure
    - Elevated body temperature
    - Irregular heartbeat
    - Speech disturbances
    - Motor coordination problems

- Increased salivation
- Breathing irregularities
- Convulsions (at high doses)
- Permanent brain impairment (at high doses)

OBJECTIVE 4 Detoxification is a process of withdrawing someone from an addictive/dependent substance. Detoxification is not treatment.

OBJECTIVE 5

1. c
2. b
3. c
4. a
5. c
6. b
7. b
8. b
9. a
10. b
11. a
12. c
13. a
14. a
15. c

OBJECTIVE 6 Refer to answers to Assignment Sheet 1.

OBJECTIVE 7 Refer to answers to Assignment Sheet 2.

OBJECTIVE SHEET

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS

IV

INTRODUCTION

Dealing with psychosocial disorders will be a part of every nurse's duties even when not working in a psychiatric unit or hospital. Client/patients with psychosocial disorders may present themselves at emergency rooms or may be admitted to the hospital for some medical issue that may or may not be related to their disorders. Learning the characteristics of psychosocial disorders is an important part of being able to work with these patients, either psychologically or medically.

UNIT OBJECTIVE

After completing this unit, the student should be able to recognize the characteristics of psychosocial disorders and abusive and violent behaviors. The student will show these competencies by completing the assignment sheets and written test with a minimum of 85 percent accuracy.

PREREQUISITES

Before studying this unit, the student should have successfully completed Unit 1, *Utilize Basic Principles of Mental Health*, and Unit 2, *Apply Information About Crisis Intervention.*

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match the terms associated with psychosocial disorders to their correct definitions.
2. Select from a list characteristics of obsessive-compulsive disorders.
3. Choose the best word or phrase to complete statements about the characteristics of antisocial disorders.
4. Discuss characteristics of mood disorders.
5. Choose the best word or phrase to complete statements about characteristics of personality disorders.
6. Select from a list characteristics of schizophrenia.
7. State characteristics of adolescent adjustment disorder.
8. Select from a list characteristics associated with self-destructive behaviors.
9. Name treatment modalities for aggressive/violent patients.
10. Select from a list true statements concerning the incidence of suicide.

11. List the steps involved in attempting to prevent a suicide.

12. Apply the nursing process to the care of a depressed patient. (Assignment Sheet 1)

13. Apply the nursing process to the care of an aggressive patient. (Assignment Sheet 2)

14. Apply the nursing process to the care of a suicidal patient. (Assignment Sheet 3)

15. Apply crisis intervention techniques to a patient suffering a psychosocial disorder. (Assignment Sheet 4)

SUGGESTED ACTIVITIES

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS

IV

PREPARATION

- Order films that will be used to supplement unit.
- Contact guest speakers and arrange for their presentation to the class.

  NOTE: Be sure to provide the specific topics of discussion to the guest speakers. After final confirmation has been received, be sure to call them one or two days before the scheduled day and reconfirm their participation.)

- Arrange field trip to a psychiatric hospital.
- Devise games and/or crossword puzzles to reinforce terms or groupings.
- HOSA Integration
  - — Assist students to conduct a chapter service project on mental health.
  - — Develop objectives for a service project and identify a theme.
  - — Create a poster according to Extemporaneous Health Display rules—display in a highly visible area.
  - — Plan a community or school health project that involves disseminating pamphlets about mental health.

DELIVERY

- Participate in a field trip to a psychiatric hospital.
- Show *Violent Behavior.*
- Discuss unit objectives.

Objective 1

- Discuss the terms associated with psychosocial disorders.
- Have students play reinforcement games and work crossword puzzles using terms.

Objectives 2 through 7

- Discuss the characteristics of obsessive-compulsive disorders, antisocial disorders, mood disorders, personality disorders, schizophrenia, and adolescent adjustment disorder.
- Refer students to DSM-III-R for characteristics and symptoms of these conditions.
- Ask a psychologist or other psychological professional to speak to the class about psychosocial disorders.
- Show *Personality Disorders.*
- Show *Signs & Disguises of Depression.*

Objective 8

- Discuss the characteristics associated with self-destructive behaviors.

Objective 9

- Discuss treatment modalities for the aggressive/violent patient.

Objectives 10 and 11

- Discuss information concerning the incidence of suicide.
- Discuss the statistics on the incidence of teenage suicide and the possible causes for the current increase.
- Invite a suicide hot-line worker to speak to the class.
- Discuss steps involved in preventing a suicide.

APPLICATION

Objective 12

- Discuss the application of the nursing process to the care of a depressed patient.
- Have students complete Assignment Sheet 1.

Objective 13

- Discuss the application of the nursing process to the care of an aggressive patient.
- Have students complete Assignment Sheet 2.

Objective 14

- Discuss the application of the nursing process to the care of a suicidal patient.
- Have students complete Assignment Sheet 3.

Objective 15

- Discuss the application of crisis intervention techniques to a patient suffering a psychosocial disorder.
- Have students complete Assignment Sheet 4.

EVALUATION

Pretest

- Pretest qualifying students.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Written Test

- Explain to class members that they will be asked to demonstrate on the written test the actions listed in the specific objectives.
- Give written test.
- Evaluate students on assignment sheet activities if not previously done.
- Reteach and retest if necessary.
- Complete appropriate sections of competency profile.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Audiovisual Materials

- *Signs & Disguises of Depression.* Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.
- *Personality Disorders.* Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.
- *Violent Behavior.* Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.

Publications

- Saunders, Susan, Ann M. Anderson, Cynthia Allen Hart, and Gerald M. Rubenstein (eds.). *Violent Individuals and Families.* Charles C. Thomas, Springfield, Illinois, 1984.
- Peck, M. Scott. *People of the Lie: The Hope for Healing Human Evil.* Simon & Schuster, New York, 1985.
- Straus, Martha B. (ed.). *Abuse and Victimization Across the Life Span.* Johns Hopkins University Press, Baltimore, 1988.

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- Coleman, James C., James N. Butcher, and Robert C. Carson. *Abnormal Psychology and Modern Life* (6th edition). Scott, Foresman and Company, Glenview, Illinois, 1980.
- NiCarthy, Ginny. *Getting Free: A Handbook for Women in Abusive Relationships.* Seal Press, Seattle, 1986.
- Owens, R. Glynn, and J. Barrie Ashcroft. *Violence: A Guide for the Caring Professions.* Croom Helm Ltd., Sydney, Australia, 1985.
- Saunders, Susan, Ann M. Anderson, Cynthia Allen Hart, and Gerald M. Rubenstein (eds.). *Violent Individuals and Families.* Charles C. Thomas, Springfield, Illinois, 1984.
- Star, Barbara. *Helping the Abuser: Intervening Effectively in Family Violence.* Family Service Association of America, New York, 1983.
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- Taylor, Michael Alan, Frederick S. Sierles, and Richard Abrams. *General Hospital Psychiatry.* Free Press, New York, 1985.
- Walker, Lenore E. *The Battered Woman.* Harper & Row, New York, 1979.

PRETEST ANSWERS

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS

IV

OBJECTIVE 1

1. d
2. e
3. i
4. l
5. f
6. g
7. o
8. b
9. j

OBJECTIVE 2

3, 4, 5, 7, 8, 9,

OBJECTIVE 3

1. d
2. a
3. b
4. a
5. c

OBJECTIVE 4

1. Depression is considered a mood disorder when it continues beyond what would be considered a normal length of time and begins to disrupt other areas of life.

   Mania is considered a mood disorder when the elation or excitement exceed what is considered normal.

2. - Feelings of depression, sadness, or hopelessness
   - Disturbances in psychomotor movement, appetite, and/or sleep (either decreased or increased)
   - Loss of interest in activities
   - Feelings of inadequacy

3. Bi-polar disorder is an elevated, expansive, or irritable mood that causes marked impairment in occupational functioning, social activities, and/or relationships. The person with bi-polar disorder may cycle between depression and mania.

   Indicators may include any three of the following:

   - Euphoric, expansive, or cheerful mood
   - Uncritical self-confidence
   - Decreased need for sleep
   - Rapid changes in activities

4. They are not serious enough to impair functioning.

OBJECTIVE 5	1. b 2. b 3. d 4. c 5. a 6. d
OBJECTIVE 6	1, 2, 5, 7
OBJECTIVE 7	• Excessive anxiety, depression, withdrawal • Excessive acting out, physical complaints • Excessive school or work inhibition
OBJECTIVE 8	3, 5, 6, 7, 8, 11
OBJECTIVE 9	Communication interventions Medical interventions Physical interventions
OBJECTIVE 10	1,3,4,5,7,8,10
OBJECTIVE 11	Answers will vary but should include: • Establish rapport • Help the client identify and clarify the problem • Evaluate the suicide potential • Help the client assess available resources and mobilize them • Identify new resources • Work with the client to make the means less accessible • Formulate a specific, concrete plan including a suicide prevention contract with the client. • Consult others as needed. • Have the client recontact you.
OBJECTIVE 12	Refer to answers to Assignment Sheet 1.
OBJECTIVE 13	Refer to answers to Assignment Sheet 2.

OBJECTIVE 14 Refer to answers to Assignment Sheet 3.

OBJECTIVE 15 Refer to answers to Assignment Sheet 4.

PRETEST

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS

IV

NAME ______________________________ SCORE ________

OBJECTIVE 1

Match the terms associated with psychosocial disorders to their correct definitions. Write the correct letter in the blanks.

_______1. A repetitive, purposeful, and intentional behavior

_______2. A disorder characterized by mild-to-moderate elevated and depressed moods

_______3. Elevated, expansive, or energetic mood

_______4. A disorder involving a person's psychological and/or interactional processes

_______5. A long-standing disorder characterized by submission and lack of decision making

_______6. A disorder characterized by mild-to-moderate depressive moods

_______7. A long standing disorder characterized by peculiar, eccentric, and bizarre behaviors and communication patterns

_______8. A long-standing disorder characterized by social discomfort and hypersensitivity to rejection

_______9. Persistent ideas, thoughts, impulses, or images that are experienced as intrusive and senseless

a. Antisocial disorder

b. Avoidant personality disorder

c. Borderline personality disorder

d. Compulsion

e. Cyclothymia

f. Dependent personality disorder

g. Dysthymia

h. Histrionic personality disorder

i. Manic

j. Obsession

k. Personality disorder

l. Psychosocial disorder

m. Schizotypal personality disorder

n. Schizophrenia

OBJECTIVE 2

Select from a list characteristics of obsessive compulsive disorders. Write an "X" in the blank before characteristics of compulsive disorders.

______1. Thrill seeking

______2. Fighting

______3. Ritualized patterns of thinking and behaving

______4. Difficulty relaxing

______5. Excessive concern with rules, order, efficiency, and work

______6. Easily hurt by criticism

______7. Recurrent and persistent ideas, thoughts, impulses, or images

______8. Rigid behaviors

______9. Repetitive, purposeful, and intentional behaviors

______10. Tearfulness

______11. Sense of entitlement

______12. Running away

OBJECTIVE 3

Choose the best word or phrase to complete statements about the characteristics of antisocial disorders. Write the correct letter in the blank. (Questions continued on next page.)

______1. A 24-year-old who rejects authority, lacks anxiety and guilt, and deliberately disregards the rights, needs and well-being of others is MOST LIKELY suffering from ___.

a. Oppositional defiant disorder
b. Bi-polar disorder
c. Acute borderline personality disorder
d. Antisocial personality disorder

______2. All of the following are major indicators of conduct disorders EXCEPT ___.

a. Uncritical self-confidence
b. Low academic performance and/or truancy
c. Aggression and provocative recklessness
d. Violation of others' rights and rules

______3. All of the following are considered subtypes of conduct disorders EXCEPT ___.

a. Undifferentiated type
b. Solitary submissive type
c. Group type
d. Solitary aggressive type

______4. In childhood and adolescence, antisocial disorders are categorized as ___.

a. Conduct disorders or oppositional defiant disorders
b. Antisocial personality disorders
c. Conduct disorders, oppositional defiant disorders, or antisocial personality disorders
d. Conduct disorders and antisocial personality disorders

______5. Julio is 15 and has been arrested four times for petty theft. He skips school often and has difficulty keeping his mind on his work when he does attend. He takes pride in taking his mother's car and driving 80 mph through the city streets. His behavior MOST LIKELY indicates ___.

a. Antisocial personality disorder
b. Oppositional defiant disorder
c. Conduct disorder
d. Passive-aggressive personality disorder

OBJECTIVE 4 **Discuss characteristics of mood disorders.** (Questions continued on next page.)

1. When are depression and mania considered mood disorders?

____

____

2. What are four indicators of major depression episodes?

3. Describe bi-polar disorder and list three major indicators.

4. In what way do dysthymia and cyclothymia differ from depression and bi-polar disorder?

OBJECTIVE 5

Choose the best word or phrase to complete statements about characteristics of personality disorders. Write the correct letter in the blank. (Questions continued on next page.)

______1. In order to qualify as a personality disorder, the problem must ____.

a. Manifest a broad range of specific behaviors
b. Impair long-term and recent functioning
c. Involve low self-worth and parental negligence
d. Involve violence toward self or others

______2. Jennifer's daughter describes her as "cold and distant." The daughter adds, "She is only interested in herself and never has any time for me. She has never said she loved me, and I can't remember when she hugged me last. All she cares about is her stupid romance novels. She's so cold, she doesn't even have any friends." Jennifer is MOST LIKELY in treatment for ___.

a. Antisocial personality disorder
b. Schizoid personality disorder
c. Obsessive-compulsive personality disorder
d. Schizotypal personality disorder

______3. Patsy lives alone and is definitely eccentric. Although she is in her sixties, she wears mini-skirts, large, heavy earrings and heavy makeup. She smokes with a long-handled cigarette holder. She often pauses and exhales dramatically before she answers your questions in a constricted, noninformative manner. In your assessment you'll probably find indications of ___.

a. Histrionic personality disorder
b. Schizoid personality disorder
c. Obsessive-compulsive personality disorder
d. Schizotypal personality disorder

______4. Every morning before he can go to work, Allen has several cups of tea. He believes his day will go well or badly according to how many cups he can drink before he leaves for work. If he can drink the whole pot, he knows he will have a good day. He makes exactly the same amount every morning. Whether or not he can drink the whole pot is determined by when he got up and how efficiently he completed his washing and dressing routines. In your assessment, you will look for additional indicators of ___.

a. Antisocial personality disorder
b. Histrionic personality disorder
c. Obsessive-compulsive personality disorder
d. Schizotypal personality disorder

______5. Margaret is 22. She is taking classes in interior decorating and sees herself on the brink of becoming a famous trend setter. She is having trouble in classes because she says her teachers can't see the "real value" of her work. She chooses her friends based on what they can do to promote her career and surrounds herself with people who can truly appreciate her uniqueness. As a nurse in the student health clinic, you recognize during the intake assessment that Margaret might have a ___.

a. Narcissistic personality disorder
b. Borderline personality disorder
c. Dependent personality disorder
d. Schizotypal personality disorder

______6. Maria is 34 and living with her mother. She tells you she doesn't have a driver's license because her mother takes her wherever she wants to go. When you ask if she wants a license, Maria says, "No, because I'd be too nervous and I couldn't pass the test. And Mamma likes to take me places. If I went places by myself, she might get mad at me and not love me anymore." Maria might have ___.

a. Avoidant personality disorder
b. Histrionic personality disorder
c. Narcissistic personality disorder
d. Dependent personality disorder

OBJECTIVE 6

Select from a list characteristics of schizophrenia. Write an "X" in blanks before characteristics of schizophrenia.

______1. Blunted affect

______2. Decreased occupational functioning

______3. Increased sociability

______4. Preoccupation with details

______5. Hallucinations

______6. Repetitive, purposeful, and intentional behaviors

______7. Social isolation

______8. Thrill seeking

OBJECTIVE 7 **State characteristics of adolescent adjustment disorder.**

____

____

____

____

____

OBJECTIVE 8 **Select from a list characteristics associated with self-destructive behaviors.** Write an "X" in blanks before characteristics of self-destructive behaviors.

______1. Odd speech

______2. High need for approval

______3. Low self-esteem

______4. Low need for sleep

______5. Severe identity disturbances

______6. Rapidly shifting emotions

______7. Sense of worthlessness

______8. Hopelessness

______9. Recurrent ideas or thoughts

______10. Sense of entitlement

______11. Impulsivity

______12. Deliberate destruction of other's property

OBJECTIVE 9 **Name treatment modalities for aggressive/violent patients.**

____

____

____

____

____

OBJECTIVE 10 **Select from a list true statements concerning the incidence of suicide.** Write an "X" in the blanks before true statements concerning the incidence of suicide.

______1. More women attempt suicide than men.

______2. A woman is more likely to use a gun than large doses of medication in an attempted suicide.

______3. A man is more likely than a woman to use a gun in an attempted suicide.

______4. A man is more likely to succeed in his attempt at suicide than a woman.

______5. The potential for suicide is greater if the person has made prior suicide attempts.

______6. An acute, sudden crisis decreases the potential for suicide.

______7. Stressful situations can increase the risk of suicide.

______8. Depression and hopelessness increase the potential for suicide.

______9. People in their 40's are the highest risk age group.

_____10. People over 50 and between the ages of 15 and 24 are at the highest risk.

OBJECTIVE 11 **List the steps involved in attempting to prevent a suicide.**

NOTICE In addition to the pretest items, the student will be required to demonstrate mastery of the following objectives.

OBJECTIVE 12 **Apply the nursing process to the care of a depressed patient.** SCORE ______

OBJECTIVE 13 **Apply the nursing process to the care of an aggressive patient.** SCORE ______

OBJECTIVE 14 **Apply the nursing process to the care of a suicidal patient.** SCORE ______

OBJECTIVE 15 **Apply crisis intervention techniques to a patient suffering a psychosocial disorder.** SCORE ______

INFORMATION SHEET

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS

IV

OBJECTIVE 1

Match the terms associated with psychosocial disorders to their correct definitions.

- **Acute** — Indicating a sudden onset
- **Antisocial disorder** — One of a group of disorders characterized by the lack of ethical or moral development and amoral, illegal, or asocial behavior
- **Avoidant personality disorder** — A long standing disorder characterized by social discomfort and hypersensitivity to rejection
- **Bi-polar disorder** — A disorder characterized by extreme moods of both elation and depression
- **Borderline personality disorder** — A long-standing disorder characterized by an unstable self-image and intense and unstable interpersonal relationships
- **Chronic** — Indicating a long-standing pattern or condition
- **Compulsion** — A repetitive, purposeful, and intentional behavior
- **Cyclothymia** — A disorder characterized by mild-to-moderate elevated and depressed moods
- **Dependent personality disorder** — A long-standing disorder characterized by submission and lack of decision making
- **Dysthymia** — A disorder characterized by mild-to-moderate depressive moods
- **Histrionic personality disorder** — A long-standing disorder characterized by dramatic, immature, and emotionally unstable behavior
- **Manic** — Elevated, expansive, or energetic mood
- **Narcissistic personality disorder** — A long-standing disorder characterized by an exaggerated and grandiose sense of self-importance
- **Obsessive-compulsive personality disorder** — A long-standing disorder characterized by excessive perfectionism and inflexibility

- **Obsession** — Persistent ideas, thoughts, impulses, or images that are experienced as intrusive and senseless
- **Personality disorder** — A disorder characterized by a continuous, long-standing pattern of interactions that are maladaptive and inflexible
- **Paranoid personality disorder** — A long-standing disorder characterized by a pervasive and unwarranted belief that one is being treated in a threatening and demeaning manner
- **Passive-aggressive personality disorder** — A long-standing disorder characterized by indirect and nonviolent expressions of hostility
- **Psychosocial disorder** — A disorder involving a person's psychological and/or interactional processes
- **Schizoid personality disorder** — A long-standing disorder in which a person is neither interested in nor able to form social relationships
- **Schizotypal personality disorder** — A long-standing disorder characterized by peculiar, eccentric, and bizarre behaviors and communication patterns
- **Schizophrenia** — A disorder involving psychotic symptoms in which the individual is unable to function adequately in work, social relationships, or self-care

OBJECTIVE 2

Select from a list characteristics of obsessive-compulsive disorders.

The essential feature of an obsessive-compulsive disorder is a recurrent obsession or compulsion severe enough to cause marked distress, be time-consuming, or significantly interfere with the person's normal routine, occupational functioning, usual social activities, or social relationships.

Types of obsessions include repeated thoughts of violence, blasphemy, becoming infected, and doubts regarding actions (such as locking doors, turning off ovens, etc.)

Types of compulsions include washing hands, checking locks, and counting or touching objects.

OBJECTIVE 3

Choose the best word or phrase to complete statements about the characteristics of antisocial disorders.

The essential elements of antisocial disorders are the marked lack of ethical or moral development and apparent inability to follow approved models of behavior. People with antisocial disorders seem to be unsocialized (although they may be very sociable), and incapable of significant loyalty to others. Their behaviors often lead to serious conflicts between the individual and other persons, groups, and society as a whole. In childhood and adolescence, antisocial disorders are categorized as conduct disorders or oppositional defiant disorders. After the age of 18 they are categorized as antisocial personality disorders.

Conduct disorders — The essential feature of a conduct disorder is a persistent pattern of behavior in which the basic rights of others are violated and major age-appropriate societal norms or rules are breached.

There are three subtypes of conduct disorders:

- **Group type** — The majority of the conduct problems occur as a group activity with peers.

  EXAMPLE: As part of a dare to each other, a group of 5 adolescents decide to go to a store and each steal something that costs at least $5.

- **Solitary aggressive type** — The predominance of aggressive physical behavior is initiated by a sole individual rather than in a group situation.

  EXAMPLE: Late at night, a teenage boy walks alone down a residential street and cuts the tires on several cars.

- **Undifferentiated type** — A mixture of both group activities and solitary aggressive activities.

  EXAMPLE: As part of a group, one girl is involved in a rampage of window breaking and also commits solitary arson.

Major indicators of conduct disorders include:

- Repeated illegal activities
- Impulsivity and poor concentration
- Low academic performance and/or truancy
- Aggression and provocative recklessness

Oppositional defiant disorder — The essential feature of a oppositional defiant disorder is a pattern of negativistic, hostile, and defiant behaviors that do not violate the basic rights of others.

Major indicators include:

- Touchy, angry, resentful, spiteful, vindictive, and easily annoyed
- Argumentativeness and deliberate engagement in activities that annoy others
- Defiance of rules and requests

Antisocial personality disorder — The essential feature of an antisocial personality disorder is a persistent, inflexible, and maladaptive pattern of irresponsible and antisocial behavior beginning in childhood and continuing into adulthood.

Major indicators include:

- Repeated illegal acts
- Impulsive behavior and inability to delay gratification
- Reckless, irresponsible, and thrill-seeking behavior
- Disregard for the rights, needs, and well-being of others
- Lack of anxiety and guilt
- Rejection of authority

OBJECTIVE 4

Discuss characteristics of mood disorders.

Mood disorders are a group of disorders that invoke a change in a person's subjective feelings of depression and elation. Mood disorders can either be depressive or manic. Depression is a feeling of extreme sadness. Everybody feels depressed from time to time, especially after some negative event is experienced. It is only when that depression continues beyond what would be considered a normal length of time and begins to disrupt other areas of life that a person is considered to have a mood disorder. Mania is a feeling of extreme elation or excitement beyond what is considered normal.

Diagnostically, there are four types of mood disorders: major depression, bi-polar disorder, cyclothymia, and dysthymia. They vary in the direction of the mood disturbance (depression or mania) and the severity of the dysfunction.

Major depression — The essential feature of a major depressive disorder is a depressed mood and/or loss of interest or pleasure in all or most activities. The depressed mood will occur most of the day and will be accompanied by other symptoms such as sleep disturbances.

Major depressive episodes show a change from previous levels of functioning. Indicators include:

- Feelings of depression, sadness, or hopelessness
- Disturbances in psychomotor movement, appetite, and/or sleep (either increased or decreased)
- Loss of interest in activities
- Feelings of inadequacy

Bi-polar Disorder — The essential feature of a bi-polar disorder is one of elevated, expansive, or irritable mood. The disturbance is severe enough to cause marked impairment in work, social activities, and/or relationships with others. The person may also have characteristics of major depression and may cycle between mania and depression (i.e. Bi-polar)

Major indicators of mania include:

- Euphoric, expansive, or cheerful mood
- Uncritical self-confidence
- Decreased need for sleep
- Rapid changes in activities

Dysthymia — The essential feature of dysthymia is a depressed mood for several years, but not severe enough to be categorized as major depression. Major indicators include:

- Disturbances of appetite and/or sleep
- Low energy
- Low self-esteem and feelings of hopelessness

Cyclothymia — The essential feature of cyclothymia is one of elevated, expansive or irritable mood but not severe enough to cause marked impairment in occupational functioning, social activities, and/or relationships with others. The person may also have characteristics of depression but not symptoms of major depression. The person may cycle between an elevated mood and a depressed mood.

Major indicators of cyclothymia during a depressed cycle include:

- Disturbances of appetite and/or sleep
- Low energy
- Low self-esteem and feelings of hopelessness

Major indicators of cyclothymia during an elevated cycle include:

- Grandiosity
- Decreased need for sleep
- Increased goal-directed activity

OBJECTIVE 5

Choose the best word or phrase to complete statements about characteristics of personality disorders.

Personality disorders are inflexible, disruptive, and maladaptive patterns of perceiving, relating to, and thinking about the environment and oneself. These patterns are significant enough to impair function or cause subjective distress in a wide range of social and personal circumstances. A personality disorder is a pervasive interaction style that includes almost all aspects of a person's life. Indications of a personality disorder are usually recognizable in adolescents and continue throughout adulthood. Personality disorders do not seem to stem from anxiety, emotional tension, or decompensation, rather they appear to stem from immature, distorted, and/or improper personality devlopment. The various specific disorders demonstrate different manifestations and behaviors. In order to qualify as a personality disorder, both long-term and recent functioning must be impaired.

Paranoid personality disorder — The essential feature of the paranoid personality disorder is a pervasive and unwarranted tendency toward suspiciousness, hypersensitivity, rigidity, and projection of blame.

Major indicators include:

- Suspiciousness, hypersensitivity, envy, and extreme jealousy
- Argumentativeness, excessive self-importance, being critical of others, and a tendency to project blame
- Restricted affect, lack of sense of humor or tender feelings

Schizoid personality disorder — The essential feature of the schizoid personality disorder is an inability to form, and indifference to forming, social relationships.

Major indicators include:

- Cold, aloof, and/or distant interpersonal presentation
- Self-absorbed, solitary interests, and few close friends
- Indifference to praise and criticism
- Inability to express feelings

Schizotypal personality disorder — The essential feature of the schizotypal personality disorder is a pattern of peculiarity, eccentricity, and seclusion in interpersonal relationships.

Major indicators include:

- Peculiarity, "strange", eccentric, or bizarre self-presentation
- Odd ways of thinking, talking, or behaving
- Inappropriate, constricted, silly, or incongruent affect

Antisocial personality disorder — Please see antisocial personality disorder under antisocial disorders earlier in this unit.

Borderline personality disorder — The essential features of the borderline personality disorder are unstable self-image, interpersonal relationships, and moods.

Major indicators of the borderline personality disorder include:

- Intense and unstable interpersonal relationships
- Impulsivity and unpredictability
- Unstable affect with dramatic mood shifts and/or intense angry outbursts
- Chronic feelings of "emptiness" or boredom with frequent identity crisis

Histrionic personality disorder — The essential feature of the histrionic personality disorder is a pattern of dramatic, attention-seeking, and excessively emotional behavior.

Major indicators include:

- Dramatic self presentation
- Constant need for reassurance, approval, or praise
- Sexually seductive appearance and/or behavior
- Shallow and intense expression of emotions with rapid shifts

Narcissistic personality disorder — The essential feature of the narcissistic personality disorder is an exaggerated sense of self-importance.

Major indicators of the narcissistic personality disorder include:

- Grandiose sense of self-importance and belief that one is unique
- Interpersonally exploitive
- Expectation of special treatment and sense of entitlement
- Inability to accept criticism

Avoidant personality disorder — The essential feature of the avoidant personality disorder is timidity, social discomfort, and hypersensitivity to rejection.

Major indicators include:

- Timidity, social discomfort, and avoidance of activities involving significant interpersonal contact
- Hypersensitivity to rejection, fear of negative evaluation, and being easily hurt by criticism or disapproval
- Restricted social relationships and lack of close friends or confidants
- Exaggeration of the potential difficulties, physical dangers, or risks involved in doing something ordinary

Dependent personality disorder — The essential feature of the dependent personality disorder is an extreme dependence on others.

Major indicators include:

- Preoccupation with fears of abandonment

- Inability to make everyday decisions and allowing others to make most of his or her important decisions
- Fear of rejection
- Uncomfortable or helpless when alone

Obsessive-compulsive personality disorder — The essential feature of the obsessive compulsive personality disorder is an excessive concern with rules, perfectionism, and rigidity.

Major indicators include:

- Preoccupation with details, rules, lists, order, organization or schedules
- Perfectionism and inflexibility
- Restricted ability to express affection or feelings of warmth

Passive-aggressive personality disorder — The essential features of the passive-aggressive personality disorder are an indirect expression of hostility and passive resistance to demands made by others.

Major indicators include:

- Indirect expression of hostility
- Procrastination, dawdling, "forgetfulness", and/or intentional inefficiency
- Criticizes or scorns authority

OBJECTIVE 6

Select from a list characteristics of schizophrenia.

Schizophrenia is a disorder involving psychotic symptoms and severe maladaptive functioning in the areas of work, social relationships, and/or self-care. The psychotic symptoms may involve the person's thinking, perception, affect, goal directed activity, and/or psychomotor behavior. Indications of schizophrenia are usually recognizable by late adolescence but may not come to light until adulthood. Schizophrenia has a major impact on a person's life and lifestyle. The symptoms of schizophrenia will vary from person to person but generally have some common aspects.

Major indicators include:

- Delusions, hallucinations, incoherence, odd thinking, or unusual perceptual experience
- Flat, blunted, or inappropriate affect, peculiar behavior, and/or bizarre speech
- Marked decrease in work, school, social, or self-care functioning
- Social isolation or withdrawal

OBJECTIVE 7

State characteristics of adolescent adjustment disorder.

Adolescent adjustment disorder involves the maladaptive reaction to an identifiable stressor, such as the loss of a boyfriend or girlfriend, police arrest, loss of a family member, etc. The maladaptive reaction may appear in a variety of situations or activities and exceeds normal and expected reactions to the stressor. Normal emotional reactions to a stressor are not considered adjustment disorders.

Major indicators include the following reactions to a stressor:

- Excessive anxiety, depression, withdrawal
- Excessive acting out, physical complaints
- Excessive school or work inhibition

OBJECTIVE 8

Select from a list characteristics associated with self-destructive behaviors.

Self-destructive behaviors may be associated with a variety of psychosocial disorders and may take a variety of forms, such as repeatedly hitting solid objects with unprotected parts of the body, headbanging, self-mutilation, refusal to take needed medication, or suicide.

Characteristics that indicate a high risk for self-destructive behaviors include:

- Low self-esteem
- Sense of worthlessness
- Extreme guilt

- Hopelessness
- Self-devaluation
- Loss of meaning in life
- Extreme stress and/or crises
- Suicide notes
- Severe identity disturbances
- Loss of extremely important significant other
- Statements of suicidal intentions
- Previous suicidal threats, gestures, or attempts
- Rapidly shifting emotions
- Unstable affect
- Uncontrolled anger
- Impulsivity
- Fears of abandonment
- Depression (especially if the individual has a moderate amount of energy)

OBJECTIVE 9

Name treatment modalities for aggressive/violent patients.

When client/patients become aggressive or violent, it is important to deal with the situation immediately. In many cases, attention alone will decrease the explosive potential of the situation and reduce the level of aggression. At least three intervention modalities can be used when dealing with aggression or violence They include communication interventions, medical interventions, and physical interventions (including both seclusion and restraints). The major goals of intervention are 1) to protect other clients/patients and staff members, 2) to help the client/patient gain control over him/herself, 3) to help the client/patient identify the source of anger, and 4) to help the client/patient learn new methods of expressing anger. It is important to use the method that is least restrictive but that will reduce the aggression or violence.

Communication intervention is a process of using verbal and nonverbal interactions to reduce the potential and actual aggression and violence.

Medical intervention is a process of using medication or other medical strategies to reduce the potential and actual aggression and violence.

Physical intervention includes the use of seclusion and restraints so that the person will become more in control of his or her behavior. Seclusion is a procedure in which people who are aggressive or violent are put in a separate place or atmosphere where they can't hurt themselves or others and where they can calm down on their own. One method is a "time-out" process in a room where they have no impact on the environment around them, nor does the environment have any impact on them.

Use of restraints is a procedure in which clients/patients are physically restrained by other people or by equipment and are unable to hurt themselves or others.

OBJECTIVE 10

Select from a list true statements concerning the incidence of suicide.

In any potential suicide situation, it is important to assess the probability that the person will actually attempt to kill himself or herself. Several factors must be considered, and the greater the number of affirmative indicators, the greater the likelihood that the person will make an attempt.

- **Age and sex** — More women attempt suicide than men, but more men succeed than women. Men typically use more lethal methods, such as firearms, while women use less lethal methods, such as overdosing with medication. The highest risk is for people over the age of 50 and between the ages of 15 and 24.
- **Symptomatology** — Suicide potential is greater when the person has symptoms such as depression and hopelessness.
- **Stress** — Suicide potential is greater when the individual is suffering from stress. The more stressful the situation, the greater the risk.
- **Acute crisis** — Immediate suicide potential is greater when the individual is experiencing some acute, sudden crisis.
- **Plans** — The potential is greater when the person has a specific plan for committing suicide.

- **Resources** — The potential is greater when the person has access to some means of committing suicide, especially if he or she has developed a plan that includes those means.
- **Prior suicide attempts** — The potential is greater if the person has made prior suicide attempts.
- **Medical difficulties** — The potential is greater if the person has some chronic, debilitating illness, especially if experiences with the medical community have been negative or unsuccessful.
- **Social support system** — The potential is greater if the person has no social support system or has chronic negative interactions with the social support system.

OBJECTIVE 11

List the steps involved in attempting to prevent a suicide.

In all incidents when working with a suicidal person, it is important to use all available resources. Don't attempt to prevent a suicide by yourself; get other people involved and consult with other professionals as needed.

1. Establish a rapport.
2. Help the client identify and clarify the problem.
3. Evaluate the suicide potential.
4. Help the client assess available resources and mobilize them.
5. Identify new resources.
6. Work with the client to make the means less accessible.
7. Formulate a specific, concrete plan including a suicide prevention contract with the client.
8. Consult others as needed.
9. Have the client recontact you.

PROCEDURE FOR INTERVENTIONS WITH AGGRESSIVE/VIOLENT PATIENTS

Procedures will vary from facility to facility. A nurse or nursing student should consult the facility's policy manual as soon as possible when beginning at a new facility. However, here are some general guidelines for communication, medical, and physical interventions.

Communication intervention has four major steps.

1. Actively listen — It is important to really listen. Make sure that both your verbal and nonverbal actions are telling the aggressive person you are listening. Do not allow yourself to be interrupted. Be sure you understand the problem by paraphrasing what he or she tells you. Be willing to get the entire story.

2. Identify feelings — It is also important to understand why the problem is making the person angry. Empathize with the aggressive individual and help them sort out their feelings.

3. Explore options — AFTER you have completed the first two steps, then it is time to explore different options to fixing the problem. Be creative and flexible in your solutions and always remember that there may be more than one solution to a problem. Be specific regarding what you are going to do, how long it will take, what the results should be, and how the individual will be able to see the results. Also specify what the individual can do and how they can help the situation.

4. Increase the person's self-esteem — Increasing the individual's self-esteem may be the most important aspect of any communication intervention. Most people dislike becoming aggressive and their self-esteem drops when it occurs. Compliment them on something they have done. Be honest with them, they will see through any phony comments.

Medical intervention may be especially useful when the client/patient has some identifiable psychological dysfunction. In all cases, a physician must evaluate the need for medical intervention and order and supervise the intervention.

1. Attempt effective communication interventions.

2. Remove all non-involved staff and patients from the immediate area.

3. Avoid any unnecessary movement.

4. Always talk in a calming voice.

5. Attempt to make a contract with the client/patient to refrain from violence.

6. Provide other appropriate safety options.

7. Explain how the medical intervention will help her or him.

8. Verify that the medical intervention matches the underlying psychiatric disorder.

9. Explain to the client/patient what is happening.

10. Monitor the client/patient regularly during the intervention.

11. Examine the ethical issue if intervention is used frequently, especially with highly vulnerable and/or involuntary clients/patients.

12. Only one staff member should be designated as the spokesperson who will talk with the client/patient.

Physical interventions should only be used after other, less restrictive methods have failed. Physical interventions can be a dangerous, frightening experience for both staff and clients. Appropriate safety precautions must be taken. Physical interventions should NEVER be used as a punishment. The use of physical interventions should include the following procedures.

1. Attempt effective communication intervention.

2. Remove all non-involved staff and patients from the immediate area.

3. Avoid any unnecessary movement.

4. Always talk in a calming voice.

5. Attempt to make a contract with the client/patient to refrain from violence.

6. Provide the client/patient with other appropriate safety options.

7. Indicate how the physical intervention will help him or her.

8. Only use force when absolutely necessary.

9. If force is needed, develop a clear plan before beginning. Identify one person as the leader.

10. If force is needed, only one staff member should be designated as the spokesperson who will talk to the client/patient.

11. Evaluate the need for medication before beginning and if needed, prepare the medication prior to beginning the intervention.

12. If force is needed, use sufficient staff members to accomplish the intervention and protect the client/patient and the staff.

13. Specific staff to handle specific limbs should be assigned before the intervention starts.

14. Explain to the client/patient what is happening.

15. If force is needed, use some sort of protection for the staff, such as a mattress.

16. Perform physical handling of the client/patient so as to avoid any harm to the staff or the client/patient.

17. When restraints are used, make sure they are loose enough to allow adequate blood flow.

18. Monitor the client/patient regularly during the intervention.

19. When seclusion is used, reintegrate the client/patient with others gradually.

20. When restraints are used, do not loosen and remove all restraints at once, but work progressively. After the first set has been removed, wait for a period before releasing the second set, and so on.

ASSIGNMENT SHEET 1

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS

NAME ______________________________ SCORE ________

OBJECTIVE 12

Apply the nursing process to the care of a depressed patient.

INTRODUCTION

Caring for patients who are depressed may be a daily duty, especially for nurses who work in hospitals. Depression may range from mild to severe. The nurse must assess the depression and plan interventions to reduce it.

DIRECTIONS

Using the scenario below, answer the following questions.

Scenario — Part 1

Michelle is in the hospital due to a recent broken leg. Her leg is in a cast and her doctor wants to keep her for observation for a couple of days. She is a 48 year old woman who has two children, both adults. Her daughter, age 24, is married and has two children of her own. Her son, age 20, is single and is a junior at the State University studying computer science. Michelle's husband is concerned about her. He reports that lately she has been crying frequently and has not been sleeping well, even before she broke her leg.

1. What kinds of questions should Michelle be asked? Give examples and explain why the questions should be asked.

Scenario — Part 2

Michelle is an active member of her church and sings in the choir. She has recently completed a term on the school board and has been a successful real estate agent. She closed her office several years ago. She tells you "I just got tired of working. We didn't need the money. So I quit." Her husband reports that about six months ago she began to spend most of her time at home. She doesn't play bridge with her friends anymore and has isolated herself from many of her family members.

Her records show that she has been sleeping poorly and is frequently awake at night. She also wakes early in the morning. She has not been eating well in the hospital stating that she doesn't like the food, but when offered a change in meals says "That's OK. Don't go to any special lengths on my account. I'm not worth anything special." She has lost 3 pounds since she entered the hospital 2 days ago, and her husband says she had lost a lot of weight before coming to the hospital. When asked about her weight loss, she states "I think I have anorexia. I'll probably die of weight loss. I just hope I can see my children before then."

During your shift you make several attempts to engage her in conversation and small activities. She responds in a perfunctory manner and complains of being tired. Each time you enter her room she is gazing out of the window with a blank look on her face. She responds slowly and seems confused when spoken to. It takes her 5 to 10 seconds to comprehend anything said to her. She responds in a slow and concise manner with little elaboration.

2. What information indicates a mood disorder in this case?

3. Based on the information in #2, what type of mood disorder would you suspect Michelle is suffering?

4. What type of treatment plan might be appropriate for Michelle and how could you implement that plan?

5. How would you evaluate the effectiveness of your implementation?

ASSIGNMENT SHEET 2

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS

IV

NAME ______________________________ SCORE ________

OBJECTIVE 13

Apply the nursing process to the care of an aggressive patient.

INTRODUCTION

The opportunity for dealing with and caring for aggressive patients may occur on a daily basis. Being able to apply the nursing process to situations involving aggressive patients will help you provide total care in an efficient, yet caring manner.

DIRECTIONS

Use the following scenario to answer the questions below.

Scenario

While you are working in the emergency room, a young man comes in and says he needs some medical attention due to a sore and possibly broken hand. His name is Randy and he's 28 years old. He has a red spot on his face just under his left eye. He has a slight smell of alcohol but is steady on his feet and has good mental concentration. He seems somewhat agitated. He states that he has been in a fight with a neighbor and is afraid he has broken his hand. After filling out the appropriate paperwork he is asked to sit down. He says "What? I just told you I think I have a broken hand. I need medical attention now. I'm not going to sit down. I'm going to see the doctor. Where is he and I'll go to him." He begins to look around.

Records show that he has made numerous visits to the emergency room for minor medical problems. He is employed at a local meat packing plant. He is single with no children and lives by himself. He is in good physical condition with no major medical problems.

You tell him that the doctor is with another patient and will be out as soon as he can. He gets angry and starts yelling. He demands to see the doctor and says "I WILL see the doctor right now."

1. What is the first step in dealing with this situation?

____

____

____

2A. What are important characteristics of this situation to consider in your assessment?

2B. What other information would be important in your assessment of the situation?

3. What is your analysis of this situation?

4. What would be an appropriate goal(s) in this circumstance?

5. How would you deal with this situation? Be specific. Include your plan and implementation strategy(ies).

6. How would you evaluate the effectiveness of your implementation?

ASSIGNMENT SHEET 3

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS

NAME ____________________ SCORE ________

OBJECTIVE 14 **Apply the nursing process to the care of a suicidal patient.**

INTRODUCTION In any potential suicide situation, it is important to assess the probability that the person will actually attempt to kill himself or herself. The greater the number of affirmative indicators in your assessment, the greater the likelihood that the person will make an attempt.

DIRECTIONS Use the following scenario to answer the questions below.

Scenario — Part 1

You are working in an emergency room at 11 PM on a Saturday night, and a man enters saying he is going to kill himself. He just came by so that people will know where to find his body.

1. Describe your assessment of this situation. Be specific. Include areas to be assessed and questions to be asked.

Scenario — Part 2

The man's name is Juan. He is a 35 year old rare book dealer. He has been divorced for the last 5 years. He has one daughter age 8. He lives in one of the suburbs of a nearby large city. He says he just can't go on living. He doesn't see any way out of his predicament. His shop is having serious financial problems and he may lose it if business doesn't get better soon. He received two notices in the mail today from bill collectors requesting payment, but he has no money to pay them.

After talking to him for some time, you find out that he plans to go to the drug store tonight, buy some pills, and take them all. He doesn't know which drug store nor does he know where he'll be when he takes the pills. He hasn't told anyone else yet because he doesn't want to hurt them. He has several relatives in the area but hasn't talked to them in several days. His mother died about 4 years ago but his father is still alive. His father lives in another state and they have monthly contact. He says that he couldn't bear to see his father hurt again and he knows that if his father were to see a son go bankrupt, it would kill him. He has never attempted suicide in the past and has never even thought about it. "The business thing is just getting to be too much. I can't stand it."

2. What are indicators of a positive outcome and what are indicators of a negative outcome?

3. How serious do you judge the risk of suicide to be? Justify your response.

4. What type of treatment plan would be appropriate and what could you do to implement that plan?

5. How would you evaluate the effectiveness of your implementation?

ASSIGNMENT SHEET 4

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS

IV

NAME ______________________________ SCORE ________

OBJECTIVE 15

Apply crisis intervention techniques to a patient suffering a psychosocial disorder.

INTRODUCTION

Total patient care involves caring for both the physical and emotional disorders of the patient. Knowing when and how to apply crisis intervention techniques while caring for patients with a variety of psychosocial disorders will be necessary in order to function as a health care professional.

DIRECTIONS

Use the following scenario to answer the questions below.

Scenario

You are working with a general practice physician. Bill comes in. He's a regular patient and you know him. He was in last week for a normal check up. He was a little overweight but otherwise normal. He is a 27 year old divorced man with no children. He works for a local factory. Records show that he has been married twice and that his family lives out of state.

He demands to see the doctor right away. He says it is a matter of life or death and that he must see the doctor now. Bill begins to scream, not at you, but just screaming "I need help. Please, I need help." After contacting the doctor, you tell Bill that it will be just a few minutes while the doctor finishes up with his present patient. Bill says "I can't wait 'a few minutes', I want to see him now. I have to see him now."

When he is with the doctor, Bill says, "I just lost my girlfriend and I can't live without her. She is the apple of my eye. My reason for living." You find out Bill has been dating his girlfriend for about a week. They have been seeing each other every night since they met. When he called her this afternoon, she couldn't see him tonight. He doesn't know the reason. Bill says "She's probably out with another guy. That would be just like her. Now that she's gone, there's nothing left inside me. It's all blank. What will I do with my life? Where will I go. Maybe I should become a monk. That way I wouldn't have to deal with women."

He shifts quickly from anger to sadness and begins to cry. A physical examination indicates numerous recent cuts along the inside of his left forearm. When asked he says "I ... scrapped my arm against a fence." He also expresses the fear that maybe she is going to kill him. "Maybe I ought to die anyway." He also expresses a concern that the doctor is going to leave town "You'll probably leave town now, won't you? Just when I need you most."

1. What assessment data indicates a psychosocial disorder in this case?

2. Based on indications in #1 above, what type of psychosocial disorder would you suspect this person is suffering?

3. What phase of a crisis is Bill in?

4. Please describe your crisis intervention with Bill. Be specific.

5. Please describe how you would help him set goals. Be sure to include specific statements regarding how you and Bill would achieve these goals.

ASSIGNMENT SHEET 1

1. Questions should reflect an attempt at:

   - Determining specific behaviors
   - Determining the individual's subjective experience
   - Determining the severity of the mood disorder
   - Determining mania and depression
   - Determining the length of time it has been occurring
   - Determining any suicidal ideations

2. - Frequently crying
   - Recent history of poor sleeping
   - Loss of interest in activities
   - Isolation of herself
   - Present poor sleeping
   - Frequently awake at night
   - Wakes early in the morning
   - Poor eating
   - Self degradation
   - Weight loss
   - Thoughts of dying
   - Fatigue
   - Slow response
   - Poor concentration

3. Major Depression

4. Plan and implementation should:

   - Reflect good therapeutic communication
   - Address specific behaviors
   - Give the client/patient specific tasks to do
   - Help the client/patient get into a schedule of activities

5. - Evaluation should be ongoing.
   - Evaluation should address the specific goals that were previously established.

ASSIGNMENT SHEET 2

1. Always attempt a communication intervention first.

   - Actively listen
   - Identify feelings
   - Explore options
   - Increase the person's self-esteem

2A. - Smell of alcohol
- Physical pain
- Appearance of having been in a fight

- Apparent agitation
- Impulsive behavior
- History of minor medical problems
- Good physical condition
- Yelling

2B. Other important information might include:

- Amount of alcohol
- How accident with hand occurred
- Other stressors in his life
- Objects in the surrounding area that could be used as weapon

3. Analysis should address the assessment of the potential for aggressiveness in this situation

4. - To protect the other client/patients and staff members
   - To help Randy gain control over himself
   - To help Randy identify the source the his anger
   - To help Randy learn new methods of expressing his anger

5. If communication intervention fails, then a seclusion should be tried, and then a physical intervention will be necessary. The following steps should be addressed if a physical intervention is attempted.

   - Remove all non-involved staff and patients from the immediate area.
   - Avoid any unnecessary movement.
   - Always talk in a calming voice.
   - Attempt to contract with the client/patient to refrain from violence.
   - Provide other appropriate safety options.
   - Indicate to the client/patient how the physical intervention will help.
   - Only use force when absolutely necessary.
   - If force is needed, develop a clear plan before beginning. Identify one person as the leader.
   - If force is needed, only one staff member should be designated as the spokesperson who will talk to the client/patient.
   - Evaluate the need for medication before beginning and if needed, prepare the medication prior to beginning the intervention.
   - If force is needed, use sufficient staff members to accomplish the intervention and protect the client/patient and the staff.

- Specific staff to handle specific limbs should be assigned before the intervention starts.
- Explain to the client/patient what is happening.
- If force is needed, use some sort of protection for the staff, such as a mattress.
- Perform physical handling of the client/patient so as to avoid any harm to the staff or the client/patient.
- When restraints are used, make sure they are loose enough to allow adequate blood flow.
- Monitor the client/patient regularly during intervention.
- When seclusion is used, reintegrate the client/patient with others gradually.
- When restraints are used, progressively loosen and remove them.

6. Evaluating the effectiveness of the implementation.

- Evaluation should be ongoing.
- Evaluation should address the specific goals that were previously established and the following:

  — Protecting the other client/patients and staff members
  — Randy gaining control over himself
  — Randy identifying the source the his anger
  — Randy learning new methods of expressing his anger

ASSIGNMENT SHEET 3

Assessment should include:

- Age and sex of the patient
- Any symptomatology
- Level of stress
- Assessment of acute crisis
- Actual plans
- Resources to carry out plan
- Any prior suicide attempts
- Any medical difficulties
- Social support system

2. Positive:
   - Owns his own shop
   - Doesn't have means of suicide at the present time
   - Good support system
   - Never attempted suicide in the past

Negative:
- Financial difficulties of shop
- Divorced
- Received two notices from bill collectors
- Has plan

3. Moderate to highly acute risk. Low long-term risk.

4. Plan and implementation should include:

   - Establish rapport.
   - Help the person identify and clarify the problem.
   - Evaluate the suicide potential.
   - Help the person assess his or her resources and mobilize them.
   - Identify new resources.
   - Work with the person to make the means less accessible.
   - Formulate a specific, concrete plan including a suicide prevention contract with the client.
   - Consult others as needed.
   - Have the client recontact you.

5. - Evaluation should be ongoing.
   - Evaluation should address the specific goals that were previously established.

ASSIGNMENT SHEET 4

1. - Exaggerated expression of emotions
   - Demanding behavior
   - Intense and unstable interpersonal relationships
   - Extreme jealousy
   - Labile mood swings
   - Feeling "empty"
   - Unsure about life
   - Possible self-mutilating behavior
   - Fear of abandonment

2. A Personality Disorder. Most likely Borderline Personality Disorder. Possible Paranoid Personality Disorder or Histrionic Personality Disorder.

3. Active Crisis phase

4. Description should include:

   - Gaining Bill's trust.
   - Completing a thorough assessment of needs.
   - Defining the problem.
   - Determining what Bill has already tried.
   - Establishing goals.
   - Developing plans.

- Specifying the mechanisms to implement plans.
- Assessing effectiveness of implementation.
- Helping Bill reorganize and avoid future similar crisis situations.

5. Statements should reflect the following:

- Goals related to previous functioning
- Present an air of calm.
- Give Bill as much control as possible.
- Provide structure.
- Help Bill control his environment.
- Set limited goals.
- Make concrete plans for the future.
- Foster hope and positive expectations.
- Involve other aspects of Bill's support system.
- Encourage a positive and effective self-image within Bill.

WRITTEN TEST

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS IV

NAME ______________________________ SCORE ________

OBJECTIVE 1

Match the terms associated with psychosocial disorders to their correct definitions. Write the correct letter in the blank.

______1. A disorder characterized by a continuous, long-standing pattern of interactions that are maladaptive and inflexible

______2. A long-standing disorder characterized by a pervasive and unwarranted belief that one is being treated in a threatening and demeaning manner

______3. A long-standing disorder characterized by an exaggerated and grandiose sense of self-importance

______4. A long-standing disorder characterized by dramatic, immature, and emotionally unstable behavior

______5. A long-standing disorder characterized by excessive perfectionism and inflexibility

______6. A disorder characterized by extreme moods of both elation and depression

______7. A long-standing disorder characterized by indirect and nonviolent expression of hostility

______8. A long-standing disorder characterized by an unstable self-image and intense and unstable interpersonal relationships

a. Antisocial disorder

b. Bi-polar disorder

c. Borderline personality disorder

d. Dependent personality disorder

e. Histrionic personality disorder

f. Narcissistic personality disorder

g. Obsessive-compulsive personality disorder

h. Paranoid personality disorder

i. Passive-aggressive personality disorder

j. Personality disorder

k. Psychosocial disorder

l. Schizophrenia

OBJECTIVE 2

Select from a list characteristics of obsessive-compulsive disorders. Write an "X" in blank before characteristics of obsessive-compulsive disorders.

_____1. Continuously counting objects

_____2. Easily hurt by criticism

_____3. Excessive concern with confirming that doors are locked

_____4. Fighting

_____5. Recurrent and persistent ideas, thoughts, impulses, or images

_____6. Running away

_____7. Repetitive, purposeful, and intentional behaviors

_____8. Relaxed behaviors

_____9. Sense of entitlement

_____10. Tearfulness

_____11. Ritualized patterns of thinking and/or behaving

_____12. Thrill seeking

OBJECTIVE 3

Choose the best word or phrase to complete statements about the characteristics of antisocial disorders. Write the correct letter in the blank. (Questions continued on next page.)

_____1. Characteristics of antisocial disorders include all of the following EXCEPT ___.

a. Lack of ethical or moral development
b. Incapable of significant loyalty to others
c. Lack of social skills
d. Apparent inability to follow approved modes of behavior

_____2. If 13-year-old Jerry has a conduct disorder, he would PROBABLY ___.

a. Stay relatively within the social norms for 13-year-olds
b. Develop close, loyal friendships with members of his "gang"

c. Be impulsive and have poor concentration
d. Commit an illegal act and repent

______3. A person who is touchy, angry, resentful, spiteful, vindictive, and easily annoyed, but who does not violate the basic rights of others would be diagnosed as having ___.

a. Cyclothymia
b. Oppositional defiant disorder
c. Antisocial personality disorder
d. Dependent personality disorder

______4. Jayme, at 14 years old, is your patient. She is argumentative, defies rules and requests, and deliberately does things to annoy you and other patients. The condition she is in treatment for is PROBABLY ___.

a. Antisocial personality disorder
b. Depression
c. Histrionic personality disorder
d. Oppositional defiant disorder

______5. A girl who steals hubcaps with a group of other teenagers and then assaults a younger child and steals his money is demonstrating which subtype of conduct disorder?

a. Group type
b. Undifferentiated type
c. Solitary aggressive type
d. Solitary defiance type

OBJECTIVE 4 **Discuss characteristics of mood disorders**. (Questions continued on next page.)

1. When are depression and mania considered mood disorders?

2. What are four indicators of major depression episodes?

3. Describe bi-polar disorder and list three major indicators.

4. In what way do dysthymia and cyclothymia differ from depression and bi-polar disorder?

OBJECTIVE 5

Choose the best word or phrase to complete statements about characteristics of personality disorders. Write the correct letter in the blank. (Questions continued on next page.)

______1. Personality disorders ___.

a. Are usually recognizable during childhood and continue into adulthood
b. Stem from anxiety, emotional tension, or decompensation
c. Primarily affect a person's occupational functioning
d. Stem from immature, distorted, and/or improper personality development

_____ 2. Howard is your patient in a half-way house. He has very little facial expression and when you ask him how he feels today he shrugs. You make a joke and he looks at you suspiciously. He says that he's only here because his "friends" are all punks and set him up to get caught. His disorder is probably ___.

a. Antisocial personality disorder
b. Schizotypal personality disorder
c. Paranoid personality disorder
d. Passive-aggressive personality disorder

_____ 3. Florian is married to a dentist. Last week she once again dressed in a sexy negligee and goaded her husband into hitting her. She came to the hospital with bruises claiming she had broken bones and internal bleeding and insisted on being admitted. When you take the assessment, you will look for indicators of ___.

a. Antisocial personality disorder
b. Histrionic personality disorder
c. Obsessive-compulsive personality disorder
d. Schizotypal personality disorder

_____ 4. Johnny gets "wild ideas" and gets up in the middle of the night to work feverishly on projects that will "make people finally notice me." He is frequently angry, even without provocation and will yell at his wife for asking him simple questions. He has left her several times for women that he "can't live without." Johnny probably has ___.

a. Schizoid personality disorder
b. Paranoid personality disorder
c. Borderline personality disorder
d. Schizotypal personality disorder

_____ 5. Bob doesn't like his wife to work. He drives her to work every morning, but just can't get out the door on time, so she is always late. On the way to her job, he has nothing good to say about "the clowns" she works with. He "forgot" he had agreed to come to the company dinner honoring her department. She had threatened to divorce him unless he gets treatment. Bob is probably suffering from ___.

a. Obsessive-compulsive personality disorder
b. Schizotypal personality disorder
c. Passive-aggressive personality disorder
d. Borderline personality disorder

______6. Since he was a child, Marty has been "too sensitive." He keeps to himself at work and has one friend whom he plays chess with, but he shares almost no details about himself. He has talent in photography and a famous photographer "adopted" him as her student. But when the teacher criticized his work, Marty was devastated and has never taken a picture since. He is seeing his general practitioner today because his boss wants him to take pictures of the plant for a new brochure. Marty wants a doctor's excuse that he can't do the work because "I could catch cold being outside too much taking pictures." The doctor recommends that Marty see a mental health professional. The doctor might suspect that Marty has a ___.

a. Dependent personality disorder
b. Avoidant personality disorder
c. Passive-aggressive personality disorder
d. Paranoid personality disorder

OBJECTIVE 6

Select from a list characteristics of schizophrenia. Write an "X" in blanks before characteristics of schizophrenia.

______1. Thrill seeking

______2. Decreased occupational functioning

______3. Social isolation

______4. Preoccupation with details

______5. Hallucinations

______6. Repetitive, purposeful, and intentional behaviors

______7. Blunted affect

______8. Increased sociability

OBJECTIVE 7 **State characteristics of adolescent adjustment disorder.**

OBJECTIVE 8 **Select from a list characteristics associated with self-destructive behaviors.** Write an "X" in blanks before characteristics of self-destructive behaviors.

______1. Deliberate destruction of other's property

______2. High need for approval

______3. Hopelessness

______4. Impulsivity

______5. Low need for sleep

______6. Low self-esteem

______7. Odd speech

______8. Rapidly shifting emotions

______9. Recurrent ideas or thoughts

_____10. Sense of entitlement

_____11. Sense of worthlessness

_____12. Severe identity disturbances

OBJECTIVE 9 **Name treatment modalities for aggressive/violent patients.**

OBJECTIVE 10 **Select from a list true statements concerning the incidence of suicide.** Write an "X" in the blanks before true statements concerning the incidence of suicide.

______1. An acute, sudden crisis decreases the potential for suicide.

______2. Stressful situations can increase the risk of suicide.

______3. People over 50 and between the ages of 15 and 24 are at the highest risk.

______4. Depression and hopelessness increase the potential for suicide.

______5. More women attempt suicide than men.

______6. The potential for suicide is greater if the person has made prior suicide attempts.

______7. A man is more likely than a woman to use a gun when attempting suicide.

______8. People over 40 are the highest risk age group.

______9. A woman is more likely to use a gun than large doses of medication when attempting suicide.

______10. A man is more likely than a woman to succeed in his attempt at suicide.

OBJECTIVE 11 **List the steps involved in attempting to prevent a suicide.**

NOTICE The following assignment sheets are not part of the written test. If these activities have not been completed, check with your instructor.

OBJECTIVE 12 **Apply the nursing process to the care of a depressed patient.** SCORE ______

OBJECTIVE 13 **Apply the nursing process to the care of an aggressive patient.** SCORE ______

OBJECTIVE 14 **Apply the nursing process to the care of a suicidal patient.** SCORE ______

OBJECTIVE 15 **Apply crisis intervention techniques to a patient suffering a psychosocial disorder.** SCORE ______

WRITTEN TEST ANSWERS

APPLY INFORMATION ABOUT PSYCHOSOCIAL DISORDERS IV

OBJECTIVE 1

1. j
2. h
3. f
4. e
5. g
6. b
7. i
8. c

OBJECTIVE 2

1, 3, 5, 7, 11

OBJECTIVE 3

1. c
2. c
3. b
4. d
5. b

OBJECTIVE 4

1. Depression is considered a mood disorder when it continues beyond what would be considered a normal length of time and begins to disrupt other areas of life.

   Mania is considered a mood disorder when the elation or excitement exceed what is considered normal.

2.
   - Feelings of depression, sadness, or hopelessness
   - Disturbances in psychomotor movement, appetite, and/or sleep (either decreased or increased)
   - Loss of interest in activities
   - Feelings of inadequacy

3. The person with bi-polar disorder may cycle between depression and mania.

   Indicators may include any three of the following:

   - Euphoric, expansive, or cheerful mood
   - Uncritical self-confidence
   - Decreased need for sleep
   - Rapid changes in activities
   - Feelings of depression, sadness, or hopelessness
   - Loss of interest in activities
   - Feelings of inadequacy
   - Disturbances in psychomotor movement, appetite, and/or sleep

4. They are not serious enough to impair functioning.

OBJECTIVE 5	1. d 2. c 3. b 4. c 5. c 6. b
OBJECTIVE 6	2, 3, 5, 7
OBJECTIVE 7	• Excessive anxiety, depression, withdrawal • Excessive acting out, physical complaints • Excessive school or work inhibition
OBJECTIVE 8	3, 5, 6, 7, 8, 11, 12
OBJECTIVE 9	• Communication interventions • Medical interventions • Physical interventions
OBJECTIVE 10	2, 3, 4, 5, 6, 7, 10
OBJECTIVE 11	Answers will vary by student but should include: • Establish rapport • Help the client identify and clarify the problem • Evaluate the suicide potential • Help the client assess available resources and mobilize them • Identify new resources • Work with the client to make the means less accessible • Formulate a specific, concrete plan including a suicide prevention contract with the client. • Consult others as needed. • Have the client recontact you
OBJECTIVE 12	Refer to answers to Assignment Sheet 1.
OBJECTIVE 13	Refer to answers to Assignment Sheet 2.
OBJECTIVE 14	Refer to answers to Assignment Sheet 3.
OBJECTIVE 15	Refer to answers to Assignment Sheet 4.

OBJECTIVE SHEET

APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

V

INTRODUCTION

The importance of understanding the legal and ethical aspects of mental health care cannot be overstated. They touch all parts of the nursing profession and have a great impact on how nurses interact with the world at large. It is important that you know the characteristics and attributes of the legal and ethical aspects of mental health care and learn how they affect the nurse's work with clients and patients.

UNIT OBJECTIVE

After completing this unit, the student should be able to recognize the legal and ethical aspects specific to mental health care. The student will show these competencies by completing the assignment sheet and written test with a minimum of 85 percent accuracy.

PREREQUISITES

Before studying this unit, the student should have successfully completed Unit 1, *Utilize Basic Principles of Mental Health*.

SPECIFIC OBJECTIVES

After completing this unit, the student should be able to

1. Match terms associated with the legal and ethical aspects of mental health care to their definitions.
2. List patients' rights.
3. State basic practices of professional conduct in mental health care.
4. Distinguish between cases requiring voluntary and involuntary admission.
5. Discuss legal and ethical aspects of using protective interventions.
6. Select true statements about nursing liabilities as they apply to mental health care situations.
7. Distinguish between confidentiality and privileged communication.
8. Apply information regarding the legal and ethical aspects of mental health care. (Assignment Sheet 1)

SUGGESTED ACTIVITIES

APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

V

PREPARATION

- Order materials to supplement unit.
- Contact guest speakers such as the director of a mental health unit, a worker in a state hospital, a mental health unit worker, and an attorney, and arrange for their presentations to the class.

  NOTE: Provide the specific topics of discussion to the guest speakers. After final confirmation has been received, be sure to call them one or two days before the scheduled day and reconfirm their participation.
- Arrange a field trip to the Board of Nursing.
- Devise games and\or crossword puzzles to reinforce terms or groupings.
- HOSA Integration
  - — Assist students to conduct a chapter service project on legal and ethical aspects of mental health care.
  - — Develop objectives for a service project and identify a theme.
  - — Create a poster according to Extemporaneous Health Display rules — display in a highly visible area.
  - — Plan a community or school health project that involves disseminating pamphlets about legal and ethical aspects of mental health care.

DELIVERY

- Participate in a field trip to the Board of Nursing.
- Discuss unit objectives

Objective 1

- Discuss the terms associated with the legal and ethical aspects of mental health care.
- Show *The Nature of Ethical Problems.*
- Have students play reinforcement games and work crossword puzzles using terms.

Objective 2

- Discuss patients' rights.
- Show *A Patient's Bill of Rights*.

Objective 3

- Discuss nurses' professional conduct regarding mental health care.
- Have the director of a mental health unit talk to the class regarding professionalism and professional conduct.

Objective 4

- Discuss the characteristics of voluntary and involuntary admissions.
- Have a worker of the state hospital talk to the class regarding involuntary admissions.

Objective 5

- Discuss legal and ethical aspects of using protective interventions.
- Have a mental health unit worker talk to the class regarding protective interventions, demonstrate appropriate techniques, and discuss their legal and ethical aspects.

Objective 6

- Discuss nursing liabilities as they apply to mental health care situations.
- Have an attorney familiar with nursing liabilities talk to the class regarding the liabilities of nurses, the legal system and liability litigation.

Objective 7

- Discuss confidentiality and privileged communication.

APPLICATION

Objective 8

- Discuss application of the legal and ethical aspects of mental health care.
- Have students complete Assignment Sheet 1.

EVALUATION

Pretest

- Pretest qualifying students.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Written Test

- Explain to class members that they will be asked to demonstrate on the written test the actions listed in the specific objectives.
- Give written test.
- Evaluate students on assignment sheet activities if not previously done.
- Reteach and retest if necessary.
- Complete appropriate sections of competency profile.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Audiovisual Materials

- *A Patient's Bill of Rights.* Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.
- *The Nature of Ethical Problems.* Concept Media, P.O. Box 19542, Irvine, CA 92713. Phone: 1-800-233-7078.

Publications

- Benjamin, Martin, and Joy Curtis. *Ethics in Nursing.* Oxford University Press, New York, 1986.

UNIT REFERENCES

- Annas, George J., Leonard H. Glantz, and Barbara F. Katz. *The Rights of Doctors, Nurses and Allied Health Professionals: A Health Law Primer.* Ballinger Publishing, Cambridge, Massachusetts, 1981.

- Benjamin, Martin, and Joy Curtis. *Ethics in Nursing* (2nd edition). Oxford University Press, New York, 1986.
- Corey, Gerald, Marianne Schneider Corey, and Patrick Callanan. *Issues and Ethics in the Helping Professions* (3rd edition). Brooks/Cole Publishing, Pacific Grove, California, 1988.
- Curtin, Leah, and Josephine M. Flaherty. *Nursing Ethics: Theories and Pragmatics.* Robert J. Brady, Bowie, Maryland, 1982.
- Edwards, Rem B. (ed.). *Psychiatry and Ethics: Insanity, Rational Autonomy, and Mental Health Care.* Prometheus Books, Buffalo, New York, 1982.
- Everstine, Louis, and Diana Sullivan Everstine (eds.). *Psychotherapy and the Law.* Grune & Stratton, Orlando, Florida, 1986.
- Taylor, Cecelia Monat. *Mereness' Essentials of Psychiatric Nursing.* C.V. Mosby, St. Louis, 1986.

PRETEST ANSWERS

APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

V

OBJECTIVE 1

1. k
2. f
3. i
4. a
5. b
6. g

OBJECTIVE 2

Answer may include any ten of the following rights:

- Considerate and respectful care
- Complete and current information concerning her or his diagnosis, treatment, and prognosis
- Receive necessary information to give informed consent
- Refuse treatment
- Privacy
- Confidentiality
- A response to requests and information concerning transfer or referral
- Information about professional relationships
- Advisement about experimentation
- Continuity of care
- Examine and receive an explanation of bill
- Know regulations applying to their conduct as patients
- To send and receive private and uncensored mail
- To care in the least restrictive environment regardless of race, religion, sex, ethnicity, age, or disability
- To keep personal property (within certain guidelines designed to protect patient and others from harm and to protect against theft, loss, or destruction) and to have access to one's personal monies
- To visit and have phone contact with others; this right will only be restricted for therapeutic reasons.
- To contact an attorney
- To voice grievances regarding policies or services offered by the facility without reprisal or discrimination from the facility
- All rights, benefits, and privileges guaranteed by the laws of the United States and the local state unless specific rights have been removed by due process of law

OBJECTIVE 3

- Abide by the codes of ethics of your profession.
- Keep up with current ideas, concepts, and techniques.

- Do not use your professional relationships with clients or patients as a method of beginning personal relationships with them.
- Do not accept special gifts, either monetary or presents, from clients.
- Provide appropriate self-disclosure.
- Dress appropriately for the work situation.

OBJECTIVE 4

1. V
2. I
3. V
4. I
5. I
6. V
7. V
8. I

OBJECTIVE 5

Specifically:

1. A physician must be consulted to evaluate the need for medical intervention and to order and supervise it. All patients and clients, except in some cases of involuntary admission, have the right to refuse medication.

2. The use of restraints is extremely controversial. They should never be applied without consulting supervisors and having a complete knowledge of the facility's rules and guidelines.

Generally:

- Appropriate professional judgment is being used.
- The procedure is appropriate given the standards of care within the profession.
- The procedure is in accordance with current professional practice.
- The intervention is in the client's best interest.
- Reasonable care is taken to avoid harm.
- The intervention is the least restrictive intervention.
- If the intervention is used against the client's wish, due process is being followed.
- Appropriate steps are being taken to comply with one's duty to protect.
- To the extent possible, the client's autonomy is being ensured.
- The ethics of the profession are being followed.
- All applicable laws are being followed.

If these considerations are not followed, the nurse may be subject to legal and/or civil lawsuits or may face an ethics board review.

OBJECTIVE 6 2, 4, 5, 7, 8, 10

OBJECTIVE 7

1. P
2. C
3. P
4. P
5. C
6. C
7. P
8. C
9. C

OBJECTIVE 8 Refer to answers to Assignment Sheet 1.

PRETEST

APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

V

NAME ______________________________ SCORE ______

OBJECTIVE 1

Match terms associated with the legal and ethical aspects of mental health care to their definitions. Write the correct letter in the blank.

______1. The failure to provide the appropriate level of care, given the situation and the standards of professional care

______2. Principles, norms, or expected patterns of behavior that govern the actions of a profession

______3. A treatment modality that provides the client/patient with the greatest amount of freedom but still manages the problem requiring treatment

______4. The professional's ethical responsibility to protect diagnostic and treatment information regarding a client/patient; includes preventing others from gaining access to that information without the client/patient's permission

______5. The professional's responsibility to safeguard a client/patient from self-harm

______6. Having the capacity to make a rational decision regarding treatment, being fully aware of the information required to make the decision, and voluntarily making the decision for treatment

a. Confidentiality

b. Duty to protect

c. Duty to report

d. Duty to warn

e. Emergency detention

f. Ethics

g. Informed consent

h. Involuntary admission

i. Least restrictive environment

j. Malpractice

k. Negligence

l. Privileged communication

m. Protective intervention

OBJECTIVE 2

List patients' rights. List ten rights all patients have in a mental health care delivery system.

OBJECTIVE 3

State basic practices of professional conduct in mental health care. State six basic practices.

OBJECTIVE 4

Distinguish between cases requiring voluntary and involuntary admission. Write an "I" in the blanks before cases requiring involuntary admission and a "V" in the blanks before cases requiring voluntary admission.

______1. A man has a long history of burglary and mild drug abuse. He tells you that he recently broke into a house and stole a stereo.

______2. A woman is depressed and actively suicidal.

______3. A woman has been stealing from the store. She steals only small items and doesn't have any need for most of them.

______4. A man is extremely jealous of his wife. They have been married for about one month. He has extreme mood changes from anger to sadness to elation. He says he is going to kill his wife and he has a plan.

______5. A man is having a psychotic break. He is on the top of a building and says he is going to fly to Washington, D.C.

______6. A woman is suffering from bulimia. She is of normal weight and has about two binge/purge incidents a week.

______7. A man has a long history of depression and pessimism. He continuously feels "down" and tired. He eats well and continues to work productively.

______8. A woman is in a manic phase and is planning to learn to swallow swords. She has three swords at home and is planning to begin immediately.

OBJECTIVE 5

Discuss legal and ethical aspects of using protective interventions.

1. Medical interventions

____

____

____

____

2. Restraints

____

____

____

____

OBJECTIVE 6 **Select true statements about nursing liabilities as they apply to mental health care situations.** Write an "X" in the blank before each true statement.

______1. If a nurse suspects physical, sexual, or emotional child abuse, he or she must have positive proof before taking action.

______2. Failure to warn a potential victim of danger can lead to questions of liability.

______3. Duty to protect concerns child abuse.

______4. Only the parent or guardian has the right to all information regarding a minor child.

______5. Nurses must be up-to-date on treatment procedures or they can be prosecuted.

______6. It is only the physician's responsibility to protect the client's/patient's right to informed consent.

______7. Grandparents and friends can be given information about a child's case if the child and parents (or guardians) agree.

______8. If suicidal behavior is suspected, the nurse is bound by law to take action to protect the person from harm.

______9. People who are seriously mentally ill relinquish their rights to due process.

______10. A nurse can be sued for malpractice.

OBJECTIVE 7

Distinguish between confidentiality and privileged communication. Write a "C" in the blank before considerations of confidentiality and a "P" in the blank before considerations of privileged communication.

______1. Can be waived only by the client

______2. Ethical responsibility of the professional

______3. Exists only in certain client/patient-professional relationships

______4. Legal right of the client/patient

______5. May be broken when required by law

______6. May be broken for treatment reasons

______7. Regards safeguarding client information in legal proceedings

______8. Regards safeguarding client information from third parties

______9. Responsibility of all mental health workers

NOTICE

In addition to the pretest items, the student will be required to demonstrate mastery of the following objective.

OBJECTIVE 8

Apply information regarding the legal and ethical aspects of mental health care. SCORE ______

INFORMATION SHEET

APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

V

OBJECTIVE 1

Match terms associated with the legal and ethical aspects of mental health care to their definitions.

- **Confidentiality** — The professional's ethical responsibility to protect diagnostic and treatment information regarding a client/patient; includes preventing others from gaining access to that information without the client's/patient's permission
- **Duty to protect** — The professional's responsibility to safeguard a client/patient from self-harm
- **Duty to report** — The professional's responsibility to disclose information gained through a client/patient-professional relationship to the proper authorities in order to protect another person
- **Duty to warn** — The responsibility to alert a potential victim of violence threatened by the professional's client/patient
- **Emergency detention** — Holding or confining an individual on a short-term basis to determine whether or not they need admission to a more restrictive therapeutic facility
- **Ethics** — Principles, norms, or expected patterns of behavior that govern the actions of a profession
- **Informed consent** — Having the capacity to make a rational decision regarding treatment, being fully aware of the information required to make the decision, and voluntarily making the decision for treatment
- **Involuntary admission** — A situation in which a person, not competent to make decisions regarding treatment, is compelled into treatment regardless of his or her own desires
- **Least restrictive environment** — A treatment modality that provides the client/patient with the greatest amount of freedom but still manages the problem requiring treatment
- **Malpractice** — Professional misconduct toward or unreasonable lack of skill given to a client/patient in your care resulting in some sort of damage or harm
- **Negligence** — The failure to provide the appropriate level of care, given the situation and the standards of professional care

- **Privileged communication** — A legal right of a client or patient that prevents any information he or she gave to a professional from being used in a legal proceeding against his or her wishes
- **Protective interventions** — Professional conduct designed to keep clients/patients from harming themselves or others

OBJECTIVE 2 **List patients' rights.**

All client/patients have the right to expect certain things from the therapeutic community regarding their care. These include:

- The right to considerate and respectful care.
- The right to complete and current information concerning her or his diagnosis, treatment, and prognosis in a way that can be understood by the client/patient. If, for medical or psychological reasons, it is determined that the withholding of such information is in the client's/patient's best interest, the information will be made available to an appropriate person on the patient's behalf.
- The right to receive information necessary to give informed consent prior to the start of any procedure and/or treatment.
- The right to refuse any treatment to the extent permitted by law and to be informed of the consequences of refusal.
- The right to privacy concerning his or her medical care program.
- The right to expect all communication and records regarding her or his care to be treated as confidential.
- The right to expect a response to his or her requests and to receive complete information concerning any transfer or referral prior to such action.
- The right to obtain information regarding the professional relationships of institutions and individuals responsible for his or her care.
- The right to be advised of any experimentation regarding his or her care and the right to refuse to participate in such experimentation.
- The right to reasonable continuity of care.

- The right to examine and receive an explanation regarding her or his bill.
- The right to know what rules and regulations apply to her or his conduct as a patient.
- The right to send and receive private and uncensored mail.
- The right to care in the least restrictive environment regardless of race, religion, sex, ethnicity, age, or disability.
- The right to keep personal property (within certain guidelines designed to protect patient and others from harm and to protect against theft, loss, or destruction) and to have access to one's personal monies.
- The right to visit and have phone contact with others. This right will only be restricted for therapeutic reasons.
- The right to contact an attorney.
- The right to voice grievances regarding policies or services offered by the facility without reprisal or discrimination from the facility.
- All rights, benefits, and privileges guaranteed by local, state, and United States laws unless specific rights have been removed by due process of law.

OBJECTIVE 3 **State basic practices of professional conduct in mental health care.**

For most nurses their employment is a professional career, not just a job. Professional nursing requires a certain level of conduct. Each facility will have specific guidelines and codes; however, there are some general philosophical premises that apply to all situations. These include:

- **Abide by the codes of ethics of your profession.** They provide broad guidelines for ethical practice.
- **Keep up with current ideas, concepts, and techniques.** The nursing field is always expanding and finding new methods. It is important to remain informed.
- **Do not use your professional relationships with clients or patients as a method of beginning personal relationships with them.** Don't initiate contact with clients or patients after you have completed your rotation or leave the facility. You should also refrain from initiating contact

with clients or patients after they have left the facility unless it is for professional reasons.

- **Do not accept special gifts, either monetary or presents, from clients.** In some cases gifts are used to solicit special treatment. Even without this intent, they may be viewed by others in this manner.

- **Provide appropriate self-disclosure.** There is a fine line between attempting to connect with someone using self-disclosure and getting too "chummy" with the client or patient.

- **Dress appropriately for the work situation.** Various work settings will require varying degrees of professional dress. Always dress according to the demand of the situation and the needs of the setting while taking into account the professional nature of your work.

OBJECTIVE 4

Distinguish between cases requiring voluntary and involuntary admission.

NOTE: All clients and patients have the right to leave the hospital even if it is AMA (Against Medical Advise) unless it is determined by appropriate professionals that the clients or patients need involuntary admission.

There are two types of admission procedures for dealing with mental health concerns: voluntary and involuntary.

In **voluntary admission**, the person requests admission and retains the right to terminate treatment at any time. Reasons for voluntary admission may include any psychological or psychosocial disorder.

In **involuntary admission**, an outside person requests that the client/patient be admitted and treated. Involuntary admission can occur only under strict legal guidelines and after due process. When involuntary admission does occur, another person or agency is chosen as the client's/patient's legal representative or guardian. The client/patient does not have the right to terminate treatment. Reasons for involuntary admission usually include only suicidal behavior, violent behavior, acute psychotic behavior, acute drug-induced psychosis, or dangerous antisocial behavior. Involuntary admission must follow the following criteria.

- The person must suffer from a mental illness.

- That mental illness must be treatable by the facility where the person is to be admitted.

- The person must be dangerous to him/herself or to others.
- Involuntary admission is the least restrictive environment.

NOTE: Various facilities may refer to involuntary admissions by different names, such as court commitment, involuntary commitment, or forced admission.

OBJECTIVE 5

Discuss legal and ethical aspects of using protective interventions.

Medical or pharmacological intervention consists of the use of medications to help people calm down, thus protecting themselves and others. Medical interventions may be especially useful when a person has some identifiable psychological dysfunction. In all cases, a physician must be consulted to evaluate the need for medical intervention and to order and supervise it.

All clients and patients, except in some cases of involuntary admission, have the right to refuse any medication. In some specific cases, clients and patients who have been admitted involuntarily may refuse medication.

Seclusion or isolation is a process of confining patients by themselves in an empty room. Confinement or seclusion reduces their sensory input and any reinforcement for their behavior.*

Restraining is a process of cuffing or tying a person's extremities. There are various methods of restraining but typically the restraints consist of adjustable padded cuffs which may be locked. These cuffs can also be locked to a bed frame, restraining the person's movements. There are various severities of restraints.

The use of restraints is extremely controversial. They should never be applied without consulting supervisors and having a complete knowledge of the facility's rules and guidelines.

Each facility will have its standards and they may vary greatly. Some facilities prohibit the use of restraints. All students should contact their supervisors at each specific site for its rules and guidelines.

In all situations where protective interventions (including medical interventions, seclusion, and restraints) are used, legal and ethical aspects must be considered prior to the initiation of the intervention to ensure that:

- Appropriate professional judgment is being used.

- The procedure is appropriate given the standards of care within the profession.
- The procedure is in accordance with current professional practice.
- The intervention is in the client's best interest.
- Reasonable care is taken to avoid harm.
- The intervention is the least restrictive intervention.
- If the intervention is used against the client's wish, due process is being followed.
- Appropriate steps are being taken to comply with one's duty to protect.
- To the extent possible, the client's autonomy is being ensured.
- The ethics of the profession are being followed.
- All applicable laws are being followed.

If these considerations are not followed, the nurse may be subject to legal and/or civil lawsuits or may face an ethics board review.

OBJECTIVE 6

Select true statements about nursing liabilities as they apply to mental health care situations.

Nurses may be held liable for a number of situations, occurrences, or lack of responses. Liability and malpractice exist when the nurse 1) has a duty to a client/patient, 2) breaches that duty, and 3) that breach causes some sort of damage to the client.

The following is a list of the major types of liability and malpractice issues within the mental health field.

- **Confidentiality** — Because of the stigmatization of mental illness and the personal nature of the professional-client/patient relationship in mental health, confidentiality is a major ethical and legal principle. The failure of the nurse to protect confidentiality at all times can lead to questions of liability. Information regarding the client/patient should not be given to other persons unless the client/patient has previously agreed. In the case of a minor, the parent or guardian has the right to all information regarding that minor child (there are legal exceptions, and the professional must be aware of them). Other relatives, noncustodial parents, step-parents, and friends should not be provided information unless the minor child and parents (or guardian) agree.

- **Professional standards** — The nurse practitioner is expected to provide the specific type and quality of care that any "ordinary and reasonable" professional in a similar situation would provide. Providing care that is not up to these standards can lead to questions of liability. Nurses must be up-to-date on the treatment procedures used in mental health and know what the professional standards of care are. Failure to apply care that you know would be beneficial, providing care that is outside your ability, or providing improper care could lead to lawsuits or prosecution.

- **Informed consent** — Nurses must protect client's/patient's rights to informed consent. Nurses have a duty to be certain that clients/patients have been informed about their problems, the treatments being proposed, and possible consequences of treatment (or lack of treatment). If a client/patient has not been provided this information, both the physician and the nurse may be liable.

- **Due process** — All clients/patients have the right of due process. Some people who suffer psychological problems are not able to make informed decisions on their own. Regardless of their mental states, all people have the right to due process. Their basic human rights may not be taken from them without going through the appropriate procedures. Failure to follow due process can lead to questions of liability.

- **Duty to protect** — Nurses have a duty to protect clients/patients if they are dangerous to themselves. Failure to prevent suicide is one of the leading reasons for successful malpractice suits in the mental health profession. In cases of suicidal ideation or potentially suicidal situations, nurses must assess the situation and determine the likelihood of suicide. If suicidal behavior is suspected, the nurse must take appropriate actions to protect the person from harm.

- **Duty to warn** — Nurses have a duty to warn potential victims if a client/patient is likely to harm another individual. If a client/patient makes a threat against another person or if the nurse suspects that another person is in danger, the nurse must take steps to warn her or him. (In the case of a nonspecific individual, i.e. "I think I am going to hurt someone," there is not an individual to warn; therefore, no duty to warn exists.) Failure to warn the potential victim can lead to questions of liability. In many instances, the professional's duty to warn conflicts with the duty to confidentiality. In all cases the nurse must consider whether confidentiality has priority.

- **Duty to report** — Nurses have a duty to report actual or suspected physical, sexual, or emotional child abuse. Certainty is *not* required, but suspicions should be based on reasonable and professional judgment. If reasonable and professional judgment is used, the nurse is protected against prosecution. If reasonable and professional judgment is not used, the nurse may be prosecuted under various civil and criminal laws.

  NOTE: All issues regarding due process, duty to protect, duty to warn, and duty to report should be brought to the attention of a supervisor for consultation and advice.

OBJECTIVE 7

Distinguish between confidentiality and privileged communication.

Both confidentiality and privileged communication deal with divulging information about a client/patient to a third person. However, there are important differences between them.

Confidentiality is an ethical responsibility of the professional to refrain from divulging information about the client to a third person. Confidentiality may be broken under circumstances previously agreed to by the client, for specific treatment reasons (such as a consultation), or when required by law, such as a clear and imminent danger to the client or others or when the professional suspects child abuse. Confidentiality is an ethical responsibility for all mental health workers.

NOTE: At some facilities, a breach of confidentiality is grounds for automatic termination.

Privileged communication is a legal right of clients/patients not to have information about them revealed in a legal proceeding. Except under circumstances required by law, such as a clear and imminent danger to the client or others or when the professional suspects child abuse, privileged communication can be waived only by the client, even when the professional deems it is in the client's best interest. Privileged communication exists only with certain client/patient-professional relationships that are legally specified by state statutes.

APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

THE AMERICAN NURSES ASSOCIATION'S *STANDARDS OF PSYCHIATRIC AND MENTAL HEALTH NURSING PRACTICE*

Professional Practice Standards

- Standard I. Theory

  The nurse applies appropriate theory that is scientifically sound as a basis for decisions regarding nursing practice.

- Standard II. Data Collection

  The nurse continuously collects data that are comprehensive, accurate, and systematic.

- Standard III. Diagnosis

  The nurse utilizes nursing diagnoses and/or standard classification of mental disorders to express conclusions supported by recorded assessment data and current scientific premises.

- Standard IV. Planning

  The nurse develops a nursing care plan with specific goals and interventions delineating nursing actions unique to each client's needs.

- Standard V. Intervention

  The nurse intervenes as guided by the nursing care plan to implement nursing actions that promote, maintain, or restore physical and mental health, prevent illness, and effect rehabilitation.

- Standard V-A. Intervention: Psychotherapeutic Interventions

  The nurse uses psychotherapeutic interventions to assist clients in regaining or improving their previous coping abilities and to prevent further disability.

- Standard V-B. Intervention: Health Teaching

  The nurse assists clients, families, and groups to achieve satisfying and productive patterns of living through health teaching.

- Standard V-C. Intervention: Activities of Daily Living

  The nurse uses the activities of daily living in a goal-directed way to foster adequate self-care and physical and mental well-being of clients.

- Standard V-D. Intervention: Somatic Therapies

  The nurse uses knowledge of somatic therapies and applies related clinical skills in working with clients.

- Standard V-E. Intervention: Therapeutic Environment

  The nurse provides, structures, and maintains a therapeutic environment in collaboration with the client and other health care providers.

- Standard V-F. Intervention: Psychotherapy

  The nurse utilizes advanced clinical expertise in individual, group, and family psychotherapy, child psychotherapy, and other treatment modalities to function as a psychotherapist, and recognizes professional accountability for nursing practice.

- Standard VI. Evaluation

  The nurse evaluates client responses to nursing actions in order to revise the data base, nursing diagnoses, and nursing care plan.

Professional Performance Standards

- Standard VII. Peer Review

  The nurse participates in peer review and other means of evaluation to assure quality of nursing care provided for clients.

- Standard VIII. Continuing Education

  The nurse assumes responsibility for continuing education and professional development and contributes to the professional growth of others.

- Standard IX. Interdisciplinary Collaboration

  The nurse collaborates with other health care providers in assessing, planning, implementing, and evaluating programs and other mental health activities.

- Standard X. Utilization of Community Health Systems

  The nurse participates with other members of the community in assessing, planning, implementing, and evaluating mental health services and community systems that include the promotion of the board continuum of primary, secondary, and tertiary prevention of mental illness.

- Standard XI. Research

  The nurse contributes to nursing and the mental health field through innovations in theory and practice and participation in research.

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APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

HISTORICAL METHODS OF PROTECTIVE INTERVENTION

These methods of protective intervention have historically been used as either a method of behavioral control or as a way of protecting the patient or others. These methods no longer serve these purposes.

Electroconvulsive therapy is a process whereby an electrical current is passed through the brain. The electrical current is large enough to cause the person to go into a grand mal seizure. Historically, this method was occasionally used to control behavior but is no longer used for that purpose. It is an accepted treatment modality for depression.

Psychosurgery is the process of using surgical techniques to modify or destroy brain tissue in order to effect some behavioral or emotional change. Psychosurgery is seldom used today.

Straight jackets are restraints that do not allow patients to use their arms. The arms are essentially tied up and wrapped around the body. Straight jackets are still used in extremely isolated cases when restraints are not possible or when a facility has not modernized its methods.

ASSIGNMENT SHEET 1

APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

V

NAME ______________________________ SCORE ________

OBJECTIVE 8

Apply information regarding the legal and ethical aspects of mental health care.

INTRODUCTION

Nursing staff face legal and ethical issues every day. Many of them are contradictory and confusing. The *Code of Nurses* gives general guidelines and principles but is unable to tell what to do in specific situations.

Scenario 1

Diana is a 19 year old woman who has entered the hospital due to depression. Additionally, she is unsure of what she wants to do with her life now that she has graduated from high school. She is presently unemployed after quitting her job at the fast-food restaurant one week ago. She reports that she felt "closed in" at that job.

She has been depressed for about 6 months and has very little energy to do anything. She has never thought about nor attempted suicide. She lives with her Aunt Anita and Uncle Donald. Her parents died when she was 12 and she has lived with her aunt and uncle ever since. She says she likes her aunt and uncle fine but believes she needs to move out "so I can become an adult". Her uncle brought her to the hospital and they seem to get along OK. Donald seems concerned about Diana and says he is willing to help her in any way possible.

After about a week, Donald comes to the unit and asks to talk to you. He asks you how Diana is doing and wants to know if there is anything he and his wife can do to help. He asks questions such as:

What does she say about being "down" all the time?
Why does she get so depressed?
How does she act here at the unit?
What kind of therapy is she getting?
When will she be able to come home?
What does she say about my wife and me?

1. How does confidentiality affect your responses to these questions?

2A. Does privileged communication exist here?

2B. Why or why not?

3. What would you tell Donald and why?

Scenario 2

You are completing an intake on a psychiatric unit. The new client is a 36 year old man named Mason. After a thorough assessment you find that he is homosexual and has been all of his adult life. He was diagnosed with AIDS about 2 weeks ago. The disease is in remission at the present time, but he has been getting more and more depressed. As you communicate with Mason, you find out he has been involved in a relationship with a man who is married, but Mason doesn't know that much about the man. He knows that the man doesn't get along with his wife. Mason hasn't told the man about his AIDS diagnosis. When Mason tells you the name of the man, you realize that the man's wife is also on the unit at the present time.

1. Do you need additional information? If so, what?

2. What ethical issues must you consider?

3. What decision would you make? Describe actions based on your judgment.

4. What actions would you take to protect yourself and the other people involved?

ASSIGNMENT ANSWERS

APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

V

ASSIGNMENT SHEET 1

Scenario 1

1. Need to protect Diana's confidentiality. Without Diana's permission, you are unable to provide him with any information.

2A. No

2B. This is not a legal proceeding.

3. Nothing without Diana's permission.

   Encourage Donald to get with Diana and her therapist or primary care provider and discuss her progress.

   Discuss the possibility of beginning family therapy.

Scenario 2

1. Need more information regarding the specifics of the situation.

   Need to determine if Mason has been practicing safe sex.
2. Consider issues of confidentiality.

   Consider issues of duty to warn.

   Consider the conflict between confidentiality and duty to warn.

3. Decide whether or not the need to respect confidentiality outweighs the duty to warn or whether the duty to warn outweighs the need to respect confidentiality.

   Actions described should be based on this judgement.

4. Consult with another professional.

WRITTEN TEST

APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

V

NAME ________________________________ SCORE ______

OBJECTIVE 1

Match terms associated with the legal and ethical aspects of mental health care to their definitions. Write the letter of the correct term in the blank next to its definition.

______1. A legal right of a client or patient that prevents any information he or she gave to a professional from being used in a legal proceeding against his or her wishes

______2. A situation in which a person is not competent to make decisions regarding treatment and is compelled into treatment regardless of his or her own desires

______3. Having the capacity to make a rational decision regarding treatment, being fully aware of the information required to make the decision, and voluntarily making the decision for treatment

______4. The professional's responsibility to disclose information gained through a client/patient-professional relationship to the proper authorities in order to protect another person

______5. Professional conduct designed to keep clients/patients from harming themselves or others

a. Confidentiality

b. Duty to protect

c. Duty to report

d. Duty to warn

e. Emergency detention

f. Ethics

g. Informed consent

h. Involuntary admission

i. Least restrictive environment

j. Malpractice

k. Negligence

l. Privileged communication

m. Protective interventions

OBJECTIVE 2 **List patients' rights.** List ten rights all patients have in a mental health care delivery system.

OBJECTIVE 3 **State basic practices of professional conduct in mental health care.** State six basic practices.

OBJECTIVE 4

Distinguish between cases requiring voluntary and involuntary admission. Write and "I" in the blanks before cases likely to require involuntary admission and a "V" in the blanks before cases likely to require voluntary admission.

______1. A man has been abusing marijuana for 10 years. It is interfering with his occupational and social functioning, but he is not sure whether he is willing to stop.

______2. A woman has been having obsessions about getting germs on her hand and has been compulsively washing her hand 20-30 times a day.

______3. A man is depressed and threatening suicide. He wants to die and doesn't want anyone to stop him.

______4. A woman is having a manic episode, has been up for 4 days, has bought $3000 worth of new clothing, and a new motorcycle. She plans to ride it cross-country, beginning today, from San Diego to New York. She has never ridden a motorcycle before and plans to "just get on it and go."

______5. A woman is suffering an acute psychotic break and she feels that everyone is out to get her. She doesn't trust anyone and has, therefore, bought a gun to "protect herself".

______6. A man is rather aloof, timid, and a loner. He has been like this all his life and seems to have no interest in socializing with other people.

______7. An man is rather hyperactive with confused and disorganized thinking. He is busy making plans for a new business and has not been eating, washing, or taking care of himself. He is on medication but is refusing to take it now.

______8. A woman is depressed and continues to work. She has no suicidal ideas at the moment.

OBJECTIVE 5 **Discuss legal and ethical aspects of using protective interventions.**

1. Medical interventions

2. Restraints

OBJECTIVE 6 **Select true statements about nursing liabilities as they apply to mental health care situations.** Write an "X" in the blank before each true statement. (Question continued on next page.)

______1. Duty to report is related to danger to other persons.

______2. Duty to protect means a nurse must take steps to prevent a suicide.

______3. A person who has been declared mentally ill would not be entitled to due process.

______4. In the case of minor client, you may release information to both parents and to the grandparents.

______5. If a client/patient has not been provided sufficient information for an informed consent, both the physician and the nurse can be held liable.

______6. Failure to provide care equal to the professional standard could lead to lawsuits or prosecution.

______7. If a nurse suspects child abuse and takes appropriate action he or she may be prosecuted under various civil and criminal laws, regardless of the basis for the judgment.

_______8. Nurses have a duty to warn a potential victim if a patient is likely to harm that person.

OBJECTIVE 7

Distinguish between confidentiality and privileged communication. Write a "C" in the blank before considerations of confidentiality and a "P" in the blank before considerations of privileged communication.

_______1. Responsibility of all mental health workers

_______2. May be broken for treatment reasons

_______3. Legal right of the client/patient

_______4. Exists only in certain client/patient-professional relationships

_______5. Ethical responsibility of the professional

_______6. Regards safeguarding client information in legal proceedings

_______7. Can be waived only by the client

_______8. May be broken when required by law

_______9. Regards safeguarding client information from a third party

NOTICE

The following assignment sheet is not part of the written test. If these activities have not been completed, check with your instructor.

OBJECTIVE 8

Apply information regarding the legal and ethical aspects of mental health care. SCORE _______

WRITTEN TEST ANSWERS

APPLY INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS SPECIFIC TO MENTAL HEALTH CARE

V

OBJECTIVE 1

1. l
2. h
3. g
4. c
5. m

OBJECTIVE 2

Answer may include any ten of the following rights:

- Considerate and respectful care
- Complete and current information concerning her or his diagnosis, treatment, and prognosis
- Receive information necessary to give informed consent
- Refuse treatment
- Privacy
- Confidentiality
- Response to requests and information concerning transfer or referral
- Information about professional relationships
- Advisement about experimentation
- Continuity of care
- Examine and receive an explanation of bill
- Know regulations applying to their conduct as patients
- To send and receive private and uncensored mail
- To care in the least restrictive environment regardless of race, religion, sex, ethnicity, age, or disability
- To keep personal property (within certain guidelines designed to protect patient and others from harm and to protect against theft, loss, or destruction) and to have access to one's personal monies
- To visit and have phone contact with others; this right will only be restricted for therapeutic reasons.
- To contact an attorney
- To voice grievances regarding policies or services offered by the facility without reprisal or discrimination from the facility
- All rights, benefits, and privileges guaranteed by the laws of the United States and the local state unless specific rights have been removed by due process of law

OBJECTIVE 3

- Abide by the codes of ethics of your profession.
- Keep up with current ideas, concepts, and techniques.
- Do not use your professional relationships with clients or patients as a method of beginning personal relationships with them.

- Do not accept special gifts, either monetary or presents, from clients.
- Provide appropriate self-disclosure.
- Dress appropriately for the work situation.

OBJECTIVE 4

1. V
2. V
3. I
4. I
5. I
6. V
7. I
8. V

OBJECTIVE 5

Specifically:

1. A physician must be consulted to evaluate the need for medical intervention and to order and supervise it. All patients and clients, except in some cases of involuntary admission, have the right to refuse medication.
2. The use of restraints is extremely controversial. They should never be applied without consulting supervisors and having a complete knowledge of the facility's rules and guidelines.

Generally:

- Appropriate professional judgment is being used.
- The procedure is appropriate given the standards of care within the profession.
- The procedure is in accordance with current professional practice.
- The intervention is in the client's best interest.
- Reasonable care is taken to avoid harm.
- The intervention is the least restrictive intervention.
- If the intervention is used against the client's wish, due process is being followed.
- Appropriate steps are being taken to comply with one's duty to protect.
- To the extent possible, the client's autonomy is being ensured.
- The ethics of the profession are being followed.
- All applicable laws are being followed.

If these considerations are not followed, the nurse may be subject to legal and/or civil lawsuits or may face an ethics board review.

OBJECTIVE 6

2, 5, 6, 8

OBJECTIVE 7

1. C
2. C
3. P
4. P
5. C
6. P
7. P
8. C
9. C

OBJECTIVE 8

Refer to answers to Assignment Sheet 1.